| Case 16-12845 Doc 1 Fill in this information to identify your case: | Filed 04/15/16                                                            | Entered 04/15/16 11:02:07<br>age 1 of 67 | Desc Main                          |
|---------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------|------------------------------------|
| United States Bankruptcy Court for the:                             |                                                                           |                                          |                                    |
| Northern District of: Illinois (State)                              | <u> </u>                                                                  |                                          |                                    |
| Case number (if known)                                              | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |                                          | Check if this is an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself                                                                                    |                                  |                                               |
|--------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------|
|                                                                                                              | About Debtor 1:                  | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name                                                                                            | Andre<br>First name              | First name                                    |
| Write the name that is on<br>your government-issued<br>picture identification (for<br>example, your driver's | Middle name Williams             | Middle name                                   |
| license or passport                                                                                          | Last name                        | Last name                                     |
| Bring your picture identification to your meeting with the trustee.                                          | Jr<br>Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you                                                                                       |                                  |                                               |
| have used in the last                                                                                        | First name                       | First name                                    |
| 8 years                                                                                                      | Middle name                      | Middle name                                   |
| Include your married or                                                                                      | Middle Hame                      | wilddie name                                  |
| maiden names.                                                                                                | Last name                        | Last name                                     |
|                                                                                                              | First name                       | First name                                    |
|                                                                                                              | Middle name                      | Middle name                                   |
|                                                                                                              | Last name                        | Last name                                     |
| 3. Only the last 4 digits of your Social                                                                     | XXX - XX5908                     | xxx - xx                                      |
| Security number or                                                                                           | OR                               | OR                                            |
| federal Individual<br>Taxpayer<br>Identification<br>number (ITIN)                                            | 9 xx - xx-                       | 9 xx - xx-                                    |

Andre Case 16-12845 Doc 1 Filed 04/41/5/13/6 Entered 04/415/116 (14.14.14)2:07 Desc Main Debtor 1 Page 2 of 67 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 2222 9th Ave Number Street Number Street Charleston Illinois 61920 Zip Code City State City State Zip Code Coles County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. 3844 W Wilcox Apt 2 Number Street Number Street Chicago Illinois 60624 City State Zip Code City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 file under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for □ No. bankruptcy within the last 8 years? Yes. District Northern District of Illinois When Case number District Case number District When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes, Debtor Relationship to you spouse who is not When District Case number, if known filing this case with you, or by a Debtor Relationship to you business partner, or District Case number, if known by an affiliate? 11. Do you rent your ✓ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Andre Case 16-12845 Doc 1 Filed 04/11/5/13/6 Entered 04/415/116 (14/14)02:07 Desc Main Debtor 1 Page 4 of 67 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? City State Zip Code

Andre Case 16-12845 Doc 1 Debtor 1

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Explain Your Efforts to Receive a Briefing About Credit Counseling

You must check one:

## 15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case):

| <b>V</b> | I received a briefing from an approved credit             |
|----------|-----------------------------------------------------------|
|          | counseling agency within the 180 days before I filed this |
|          | bankruptcy petition, and I received a certificate of      |
|          | completion.                                               |
|          |                                                           |

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required | d to receive | a briefing | about cr | edit |
|-------------------|--------------|------------|----------|------|
| counseling beca   | use of:      |            |          |      |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

Active duty. I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

### I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

> deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in

person, by phone, or through the internet, even after I reasonably tried to

Active duty. I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Andre Case 16-12845 Doc 1 Filed 04/11/5//13/6 Entered 04/415/116 (14/14/02:07 Desc Main Page 6 of 67 **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Andre Williams Signature of Debtor 2 Signature of Debtor 1 Executed on \_\_ 4/15/2016 Executed on MM / DD / YYYY MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| rect.                            |       |              |               |                       |
|----------------------------------|-------|--------------|---------------|-----------------------|
| /s/ Elizebeth Placek             |       | Date         | 4/15/2016     |                       |
| Signature of Attorney for Debtor |       |              | MM / DD / YYY | YY                    |
| Elizebeth Placek                 |       |              |               |                       |
| Printed name                     |       |              |               |                       |
| Semrad Law Firm                  |       |              |               |                       |
| Firm name                        |       |              |               |                       |
| Street                           |       |              |               |                       |
|                                  |       |              |               |                       |
| City                             | State |              |               | Zip Code              |
| Contact phone                    |       | Eı           | mail address  | eplacek@semradlaw.com |
| Bar number                       |       | <del>_</del> | tate          |                       |

<u>Doc 1 Filed 04/15/16 Entered 04/1</u>5/16 11:02:07 Desc Main Fill in this information to identify your case: Debtor 1 Andre Williams First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$11,860.00 1b. Copy line 62, Total personal property, from Schedule A/B ...... \$11,860.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$14,853.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$6,705.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$21,558.00 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$1,259.48 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J......

\$889.00

Debtor 1 Andre Case 16-12845 Doc 1 Filed 04/115/136 Entered 04/115/136 (14/13)-02:07 Desc Main
First Name Middle Name Docume Page 9 of 67

Part 4: Answer These Questions for Administrative and Statistical Records

| гаі         | Allswei These Questions for Administrative and Statistical Records                                                                                                                                                                     |             |  |  |  |  |  |  |  |  |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|--|--|--|--|--|--|--|
|             | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Ves.                              |             |  |  |  |  |  |  |  |  |
| 7. <b>V</b> | 7. What kind of debt do you have?                                                                                                                                                                                                      |             |  |  |  |  |  |  |  |  |
|             | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. |             |  |  |  |  |  |  |  |  |
|             | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.                                                          |             |  |  |  |  |  |  |  |  |
| 8.          | 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                                                        |             |  |  |  |  |  |  |  |  |
| 9.          | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:                                                                                                                                                   |             |  |  |  |  |  |  |  |  |
|             | From Part 4 on Schedule E/F, copy the following:                                                                                                                                                                                       | Total claim |  |  |  |  |  |  |  |  |
|             | 9a. Domestic support obligations (Copy line 6a.)                                                                                                                                                                                       | \$0.00      |  |  |  |  |  |  |  |  |
|             | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                                                                                                                              | \$0.00      |  |  |  |  |  |  |  |  |
|             | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                                                                                                                                    | \$0.00      |  |  |  |  |  |  |  |  |
|             | 9d. Student loans. (Copy line 6f.)                                                                                                                                                                                                     |             |  |  |  |  |  |  |  |  |
|             | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)                                                                                                           |             |  |  |  |  |  |  |  |  |
|             | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                                                                                                                                 | \$0.00      |  |  |  |  |  |  |  |  |
|             | 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                                                                                                                             | \$1 363 00  |  |  |  |  |  |  |  |  |

|                                       | Case 16-12845                                                                                                                                           | Doc 1                                                 | Filed 04/15/16                                                | Entered 04/15/16                                          | 11:02:07                      | Desc Main                                                                                                       |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Fill in this ir                       | nformation to identify your case:                                                                                                                       |                                                       |                                                               |                                                           |                               |                                                                                                                 |
| Debtor 1                              | Andre                                                                                                                                                   |                                                       | Willia                                                        | ms                                                        |                               |                                                                                                                 |
|                                       | First Name                                                                                                                                              | Middle                                                | Name Last N                                                   | Name                                                      |                               |                                                                                                                 |
| Debtor 2<br>(Spouse, if               | filing) First Name                                                                                                                                      | Middle                                                | Name Last N                                                   | Name                                                      |                               |                                                                                                                 |
| United Stat                           | es Bankruptcy Court for the:                                                                                                                            | Northern                                              | District of II                                                |                                                           |                               |                                                                                                                 |
| Case numb                             | per                                                                                                                                                     |                                                       | (                                                             | State)                                                    |                               |                                                                                                                 |
| Officia                               | I Form 106A/B                                                                                                                                           |                                                       |                                                               |                                                           |                               | Check if this is an amended filing                                                                              |
| Sched                                 | lule A/B: Prope                                                                                                                                         | rty                                                   |                                                               |                                                           |                               | 12/1                                                                                                            |
| esponsible rite your rePart 1: Do you | here you think it fits best. Be<br>e for supplying correct informame and case number (if kno<br>Describe Each Residence<br>own or have any legal or equ | nation. If more sown). Answer even<br>ee, Building, I | pace is needed, attach<br>ery question.<br>Land, or Other Rea | a separate sheet to this form                             | n. On the top of a            | any additional pages,                                                                                           |
|                                       | No. Go to Part 2                                                                                                                                        |                                                       |                                                               |                                                           |                               |                                                                                                                 |
|                                       | Yes. Where is the property?                                                                                                                             |                                                       |                                                               |                                                           |                               |                                                                                                                 |
| 1.1                                   | Street address, if available, or o                                                                                                                      | ther description                                      | What is the property Single-family home                       | Э                                                         | the amount of ar              | ecured claims or exemptions. Put<br>ny secured claims on <i>Schedule D:</i><br>Have Claims Secured by Property. |
|                                       | otroct address, if available, or o                                                                                                                      | a lor accompaint                                      | Duplex or multi-un                                            | · ·                                                       | Current value                 | , , ,                                                                                                           |
|                                       |                                                                                                                                                         |                                                       | Condominium or co                                             | •                                                         | entire property               |                                                                                                                 |
|                                       |                                                                                                                                                         |                                                       | Manufactured or m                                             | obile nome                                                | -                             |                                                                                                                 |
| •                                     | Number Street                                                                                                                                           |                                                       | Investment property                                           | M.                                                        | Describe the n                | ature of your ownership                                                                                         |
|                                       |                                                                                                                                                         |                                                       | Timeshare                                                     | 1                                                         | interest (such a              | as fee simple, tenancy by or a life estate), if known.                                                          |
| ·                                     | City State                                                                                                                                              | Zip Code                                              | Other                                                         |                                                           | me entireties,                | or a me estate), il known.                                                                                      |
|                                       |                                                                                                                                                         |                                                       | Debtor 1 only Debtor 2 only Debtor 1 and Debtor               | in the property? Check one. or 2 only debtors and another | Check if th (see instru       | nis is community property<br>actions)                                                                           |
|                                       |                                                                                                                                                         |                                                       | Other information yo<br>property identification               | ou wish to add about this iter                            | n, such as local              |                                                                                                                 |
| If you o                              | wn or have more than one, list he                                                                                                                       | ere:                                                  | , ., . ,                                                      |                                                           |                               |                                                                                                                 |
| 1.2                                   | Street address, if available, or o                                                                                                                      | ther description                                      | What is the property Single-family home                       | Э                                                         | the amount of ar              | ecured claims or exemptions. Put<br>ny secured claims on <i>Schedule D:</i><br>Have Claims Secured by Property. |
| -                                     |                                                                                                                                                         | uloi docompuon                                        | Duplex or multi-un Condominium or co Manufactured or m        | ooperative                                                | Current value entire property |                                                                                                                 |
| •                                     | Number Street                                                                                                                                           |                                                       | Land                                                          |                                                           | Deceribe the m                | atura of vour oursership                                                                                        |
|                                       | Number Street                                                                                                                                           |                                                       | Investment property                                           | y                                                         | interest (such a              | ature of your ownership<br>as fee simple, tenancy by                                                            |
| -                                     | City State                                                                                                                                              | Zip Code                                              | Timeshare<br>Other                                            |                                                           | the entireties,               | or a life estate), if known.                                                                                    |
|                                       |                                                                                                                                                         |                                                       | Debtor 1 only Debtor 2 only Debtor 1 and Debtor               | in the property? Check one. or 2 only debtors and another | Check if the (see instru      | nis is community property<br>actions)                                                                           |

Other information you wish to add about this item, such as local property identification number:

| Debtor 1                       | Andre Case 16-128 First Name                                                   | Niddle Name                                     | <u>Filed 04/ଧୀ5/116 Entered</u> 04/115/116<br>Documeମtm Page 11 of 67                                                                                      | 6(1816) (1816) (1816) (1816) (1816) (1816) (1816) (1816) (1816) (1816) (1816) (1816) (1816) (1816) (1816) (1816) | c Main                                                                                                                         |
|--------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 1.3Stre                        | eet address, if available, or ot                                               |                                                 | That is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home    | Do not deduct secured of the amount of any secure Creditors Who Have Clate Current value of the entire property? |                                                                                                                                |
| Nun                            | nber Street  State                                                             | Zip Code                                        | Land Investment property Timeshare Other                                                                                                                   | Describe the nature of interest (such as fee si the entireties, or a life                                        | mple, tenancy by                                                                                                               |
|                                |                                                                                | w<br>C<br>C                                     | The has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another         | Check if this is col (see instructions)                                                                          | mmunity property                                                                                                               |
| you ha<br>Part 2:<br>Oo you ov | ve attached for Part 1. Wri  Describe Your Vehicle wn, lease, or have legal or | te that number here. es equitable interest in a | of your entries from Part 1, including any entries f                                                                                                       | nclude any vehicles                                                                                              |                                                                                                                                |
|                                | ans, trucks, tractors, sport util                                              |                                                 |                                                                                                                                                            |                                                                                                                  |                                                                                                                                |
|                                | Make Model: Year: Approximate mileage: Other information: 2014 Chrysler 200    | Chrysler<br>200<br>2014<br>54000                | Who has an interest in the property? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another | the amount of any secure                                                                                         | laims or exemptions. Put ed claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  \$10500.00 |
| 3.2                            | Make<br>Model:<br>Year:<br>Approximate mileage:                                |                                                 | Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only                      | the amount of any secure<br>Creditors Who Have Cla                                                               | laims or exemptions. Put ed claims on Schedule D: nims Secured by Property.                                                    |
|                                | Other information:                                                             |                                                 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)                    | Current value of the entire property?                                                                            | Current value of the portion you own?                                                                                          |

|     | Andre Case 16-12845 Doc 1 First Name Middle Name | Filed 04/415/416 Entered 04/415/416                                                                                    | oi@ilkabw02: <u>07 Des</u>                                                 | <u>c Main</u>                                                               |
|-----|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 2.2 |                                                  | Document Page 12 of 67 Who has an interest in the property? Check                                                      | Do not doduct cooured of                                                   | laima ar avamatiana Dut                                                     |
| 3.3 | Make Model:                                      | one.                                                                                                                   | Do not deduct secured of the amount of any secure                          | ed claims on <i>Schedule D:</i>                                             |
|     | Year:                                            | Debtor 1 only                                                                                                          | · ·                                                                        | nims Secured by Property.                                                   |
|     | Approximate mileage:                             | Debtor 2 only                                                                                                          |                                                                            | , , ,                                                                       |
|     |                                                  | ′                                                                                                                      | Current value of the                                                       | Current value of the                                                        |
|     | Other information:                               | Debtor 1 and Debtor 2 only                                                                                             | entire property?                                                           | portion you own?                                                            |
|     |                                                  | At least one of the debtors and another                                                                                |                                                                            |                                                                             |
|     |                                                  | Check if this is community property (see instructions)                                                                 |                                                                            |                                                                             |
| 3.4 | Make                                             | Who has an interest in the property? Check                                                                             | Do not deduct secured cl                                                   |                                                                             |
|     | Model:                                           | one.                                                                                                                   |                                                                            | ed claims on Schedule D:                                                    |
|     | Year:                                            | Debtor 1 only                                                                                                          | Creditors Who Have Cla                                                     | ims Secured by Property.                                                    |
|     | Approximate mileage:                             | Debtor 2 only                                                                                                          | Current value of the                                                       | Current value of the portion you own?                                       |
|     | Other information:                               | Debtor 1 and Debtor 2 only                                                                                             | entire property?                                                           |                                                                             |
|     |                                                  | At least one of the debtors and another                                                                                | -                                                                          | <del></del>                                                                 |
|     |                                                  | Check if this is community property (see instructions)                                                                 |                                                                            |                                                                             |
| 4.1 | Yes Make                                         | Who has an interest in the property? Check                                                                             | Do not deduct secured cl                                                   | aims or exemptions. Put                                                     |
|     | Model:                                           | one.                                                                                                                   |                                                                            | ed claims on <i>Schedule D:</i>                                             |
|     | Year:                                            | Debtor 1 only                                                                                                          | Creditors Who Have Cla                                                     | ims Secured by Property.                                                    |
|     | Approximate mileage:                             | Debtor 2 only                                                                                                          | Current value of the                                                       | Current value of the                                                        |
|     | Other information:                               | Debtor 1 and Debtor 2 only                                                                                             | entire property?                                                           | portion you own?                                                            |
|     |                                                  | At least one of the debtors and another                                                                                |                                                                            |                                                                             |
|     |                                                  |                                                                                                                        |                                                                            |                                                                             |
| 4.0 |                                                  | Check if this is community property (see instructions)                                                                 |                                                                            |                                                                             |
| 4.2 | Make                                             |                                                                                                                        | Do not deduct secured d                                                    | aims or exemptions. Put                                                     |
| 4.2 | Make                                             | instructions)                                                                                                          | the amount of any secure                                                   | ed claims on <i>Schedule D:</i>                                             |
| 4.2 | Model: Year:                                     | instructions)  Who has an interest in the property? Check                                                              | the amount of any secure                                                   | •                                                                           |
| 4.2 | Model:                                           | instructions)  Who has an interest in the property? Check one.                                                         | the amount of any secure<br>Creditors Who Have Cla                         | ed claims on Schedule D:<br>nims Secured by Property.                       |
| 4.2 | Model: Year:                                     | instructions)  Who has an interest in the property? Check one.  Debtor 1 only                                          | the amount of any secure                                                   | ed claims on <i>Schedule D:</i>                                             |
| 4.2 | Model: Year: Approximate mileage:                | instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only                            | the amount of any secure<br>Creditors Who Have Cla<br>Current value of the | ed claims on Schedule D:<br>nims Secured by Property.  Current value of the |
| 4.2 | Model: Year: Approximate mileage:                | instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | the amount of any secure<br>Creditors Who Have Cla<br>Current value of the | ed claims on Schedule D:<br>nims Secured by Property.  Current value of the |

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**Describe Your Personal and Household Items** Part 3: Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ✓ Yes. Describe... used furniture & household goods \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No ✓ Yes. Describe... Used electronics \$400.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments **✓** No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe... Used clothing \$450.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver V No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses **V** No Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1350.00 for Part 3. Write that number here .....

Debtor 1 Andre Case 16-12845 Doc 1 Filed 04/105/136 Entered 04/105/136 (Aut.) 02:07 Desc Main

Document Mitme Page 14 of 67 **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes Fifth Third \$10.00 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 5/3 Bank - Prepaid Card \$0.00 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No Institution or issuer name: Yes 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in

% of ownership:

an LLC, partnership, and joint venture

Yes. Give specific information about

Name of entity

**✓** No

them

| Deb | tor 1               | Andre Case 16 First Name                                             | 5-12845        | Doc 1            | Filed 04/415/416<br>Document                                                         | <u>Entered</u> 04/4/5/116/11/16/2: <u>(</u><br>Page 15 of 67 | Desc Main |
|-----|---------------------|----------------------------------------------------------------------|----------------|------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------|
| 20. | Neg                 | rernment and corpo<br>otiable instruments in<br>negotiable instrumer |                |                  |                                                                                      |                                                              |           |
|     |                     | Yes. Give specific information about them                            | Issuer name    | :                |                                                                                      |                                                              |           |
|     |                     |                                                                      |                |                  |                                                                                      |                                                              |           |
| 21. | Exa                 | rement or pension<br>mples: Interests in IR<br>No                    |                | ogh, 401(k), 4   | 903(b), thrift savings accour                                                        | ts, or other pension or profit-sharing plans                 |           |
|     | =                   | Yes. List each                                                       | Type of acco   | unt:             | Institution name:                                                                    |                                                              |           |
|     |                     | account separately.                                                  | 401(k) or sin  | nilar plan:      |                                                                                      |                                                              |           |
|     |                     |                                                                      | Pension plan   | n:               |                                                                                      |                                                              |           |
|     |                     |                                                                      | IRA:           |                  |                                                                                      |                                                              |           |
|     |                     |                                                                      | Retirement a   | account:         |                                                                                      |                                                              |           |
|     |                     |                                                                      | Keogh:         |                  |                                                                                      |                                                              |           |
|     |                     |                                                                      | Additional ad  |                  |                                                                                      |                                                              |           |
| 22. | Your<br>Exar<br>com |                                                                      | eposits you ha | ave made so th   | nat you may continue service<br>public utilities (electric, gas<br>Institution name: | e or use from a company<br>water), telecommunications        |           |
|     | Ц                   | Yes                                                                  | Electric:      |                  | institution name.                                                                    |                                                              |           |
|     |                     |                                                                      | Gas:           |                  |                                                                                      |                                                              |           |
|     |                     |                                                                      | Heating oil:   |                  |                                                                                      |                                                              |           |
|     |                     |                                                                      | Security dep   | osit on rental ( | unit:                                                                                |                                                              |           |
|     |                     |                                                                      | Prepaid rent   | :                |                                                                                      |                                                              |           |
|     |                     |                                                                      | Telephone:     |                  |                                                                                      |                                                              |           |
|     |                     |                                                                      | Water:         |                  |                                                                                      |                                                              |           |
|     |                     |                                                                      | Rented furni   | ture:            |                                                                                      |                                                              |           |
|     |                     |                                                                      | Other:         |                  |                                                                                      |                                                              |           |
| 23. | Ann                 |                                                                      |                | yment of mone    | ey to you, either for life or for                                                    | a number of years)                                           |           |
|     | Ш                   | Yes                                                                  | issuct tiaitle | and descripted   | J. 1.                                                                                |                                                              |           |
|     |                     |                                                                      |                |                  |                                                                                      |                                                              |           |
|     |                     |                                                                      |                |                  |                                                                                      |                                                              |           |

| Debt | or 1     | Andre C<br>First Name           | ase 1                      | 6-12845                                                 | Doc 1           | Filed 04//115/11s6                                    | Entered 04/15/11<br>Page 16 of 67 | 6@1kabiv02: <u>07</u>  | Desc Main                                                                         |
|------|----------|---------------------------------|----------------------------|---------------------------------------------------------|-----------------|-------------------------------------------------------|-----------------------------------|------------------------|-----------------------------------------------------------------------------------|
| 24.  |          |                                 |                            | tion IRA, in a<br>, 529A(b), and                        |                 | a qualified ABLE progr                                | am, or under a qualified stat     | te tuition program.    |                                                                                   |
|      |          | No<br>Yes                       | Institutio                 | on name and d                                           | escription. Sep | parately file the records of                          | any interests.11 U.S.C. § 521(    | c):                    |                                                                                   |
| 25.  |          |                                 | table or f                 |                                                         | s in property   | (other than anything li                               | sted in line 1), and rights or    | powers                 |                                                                                   |
|      |          | Yes. Des                        | cribe                      |                                                         |                 |                                                       |                                   |                        |                                                                                   |
| 26.  | Еха      |                                 | ernet dom                  |                                                         |                 | and other intellectual p                              |                                   |                        |                                                                                   |
| 27.  |          |                                 | iilding per                | , and other ge<br>mits, exclusive                       |                 |                                                       | ngs, liquor licenses, professio   | nal licenses           |                                                                                   |
| Mor  | ney (    | or prop                         | erty ow                    | ed to you?                                              | ?               |                                                       |                                   |                        | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28.  | _        |                                 | wed to y                   | ou                                                      |                 |                                                       |                                   |                        |                                                                                   |
|      |          | Yes. Give<br>aboo<br>you        | ut them, in<br>already fil | nformation<br>ncluding whether<br>ed the returns<br>ars | er              |                                                       |                                   | Federal: State: Local: |                                                                                   |
| 29.  |          | i <b>ly suppo</b><br>nples: Pas |                            | ımp sum alimo                                           | ny, spousal sur | pport, child support, maint                           | enance, divorce settlement, pro   | operty settlement      |                                                                                   |
|      | <b>V</b> | No                              |                            | nformation                                              | ,, ,,           |                                                       |                                   | Alimony:               |                                                                                   |
|      |          |                                 |                            |                                                         |                 |                                                       |                                   | Maintenance: Support:  |                                                                                   |
|      |          |                                 |                            |                                                         |                 |                                                       |                                   | Divorce settlement     |                                                                                   |
| 30.  |          | <i>nples:</i> Unp               | oaid wage                  | -                                                       |                 | nts, disability benefits, sic<br>made to someone else | k pay, vacation pay, workers' col | Property settlement    |                                                                                   |
|      |          | No<br>Yes. Desc                 | cribe                      |                                                         |                 |                                                       |                                   |                        |                                                                                   |

| Deb  | tor 1      | Andre Case 16 First Name                             | 6-12845           | Doc 1<br>Middle Name | Filed 04Mu5/4s6 Document                                 | <u>Entered</u> <b>04/1/5/</b> /<br>Page 17 of 67 | <b>L6</b> @Lidubi02: <u>07 D</u> | esc Main                                                                         |
|------|------------|------------------------------------------------------|-------------------|----------------------|----------------------------------------------------------|--------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------|
| 31.  |            | rests in insurance  <br>mples: Health, disabi        |                   | rance; health        |                                                          | edit, homeowner's, or rente                      | r's insurance                    |                                                                                  |
|      |            | No<br>Yes. Name the insura<br>of each policy and lis | . ,               | -                    | Company name:                                            |                                                  | Beneficiary:                     | Surrender or refund value:                                                       |
| 32.  | If you     |                                                      | of a living trust |                      | neone who has died<br>eeds from a life insurance p       | policy, or are currently entitle                 | d to receive                     |                                                                                  |
| 33.  | Exar       |                                                      |                   |                      | have filed a lawsuit or m<br>ce claims, or rights to sue | ade a demand for payme                           | nt                               |                                                                                  |
| 34.  | Othe to se |                                                      | unliquidated      | claims of ev         | ery nature, including co                                 | unterclaims of the debtor                        | and rights                       |                                                                                  |
| 35.  | <b>✓</b>   | financial assets yo No Yes. Describe                 | u did not alre    | ady list             |                                                          |                                                  |                                  |                                                                                  |
| 36.  |            |                                                      |                   |                      |                                                          | es for pages you have att                        |                                  | \$10.00                                                                          |
| Part | 5:         | Describe Any B                                       | susiness-Ro       | elated Pro           | perty You Own or Ha                                      | ave an Interest In. Li                           | st any real estate i             | n Part 1.                                                                        |
| 37.  | Do y       | ou own or have an                                    | y legal or equ    | uitable intere       | st in any business-relate                                | d property?                                      |                                  |                                                                                  |
|      |            | No. Go to Part 6.<br>Yes. Go to line 38.             |                   |                      |                                                          |                                                  |                                  | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | <b>✓</b>   | ounts receivable or<br>No<br>Yes. Describe           | commissions       | s you alread         | y earned                                                 |                                                  |                                  |                                                                                  |
| 39.  | Exar       |                                                      |                   |                      | odems, printers, copiers, fa                             | x machines, rugs, telephone                      | es, desks, chairs, electroni     | ic devices                                                                       |
|      |            | No<br>Yes. Describe                                  |                   |                      |                                                          |                                                  |                                  |                                                                                  |

|              |                                 | Andre Case 16 First Name                |                 | Doc 1            | Filed 04/415/436<br>Document | Page 18 of 67                | b66(i1kabi√02: <u>07</u> □ | esc Main                     | - |
|--------------|---------------------------------|-----------------------------------------|-----------------|------------------|------------------------------|------------------------------|----------------------------|------------------------------|---|
| 40.          | Mac                             | hinery, fixtures, eq                    | uipment, sup    | plies you us     | se in business, and tools    | of your trade                |                            |                              |   |
|              | $\overline{\mathbf{V}}$         | No                                      |                 |                  |                              |                              |                            |                              |   |
|              |                                 | Yes. Describe                           |                 |                  |                              |                              |                            |                              | - |
| 41.          | Inve                            | entory                                  |                 |                  |                              |                              |                            |                              |   |
|              | <b>✓</b>                        | No                                      |                 |                  |                              |                              |                            |                              |   |
|              |                                 | Yes. Describe                           |                 |                  |                              |                              |                            |                              | - |
| 42.          | Inte                            | rests in partnershi                     | ps or joint ve  | entures          |                              |                              |                            |                              |   |
|              | <b>✓</b>                        | No                                      |                 |                  |                              |                              |                            |                              |   |
|              |                                 | Yes. Give specific                      |                 |                  | Name of entity:              |                              | % of ownership:            |                              |   |
|              |                                 | information about                       |                 |                  |                              |                              |                            |                              |   |
|              |                                 | them                                    |                 |                  |                              |                              |                            |                              |   |
|              |                                 |                                         |                 |                  |                              |                              |                            |                              |   |
| 43. <b>C</b> | Custo                           | omer lists, mailing                     | lists. or othe  | r compilatio     | ns                           |                              |                            |                              |   |
|              | <b>V</b>                        | _                                       | ,               | •                |                              |                              |                            |                              |   |
|              | =                               |                                         | clude personal  | llv identifiable | information (as defined in   | 11 U.S.C. § 101(41A))?       |                            |                              |   |
|              | _                               | _                                       |                 | ,                | (                            | 3 (                          |                            |                              |   |
|              |                                 | ∐ No                                    |                 |                  |                              |                              |                            |                              |   |
|              |                                 | Yes. Descr                              | ibe             |                  |                              |                              |                            |                              |   |
| 44.          | Any                             | business-related p                      | roperty you     | did not alread   | dy list                      |                              |                            |                              |   |
|              | <b>~</b>                        | No                                      |                 |                  |                              |                              |                            |                              |   |
|              | =                               | Yes. Give specific                      |                 | ;                |                              |                              |                            |                              |   |
|              | _                               | information                             |                 | •                |                              |                              |                            |                              |   |
|              |                                 |                                         |                 |                  |                              |                              |                            |                              |   |
|              |                                 |                                         |                 |                  |                              |                              |                            |                              |   |
|              |                                 |                                         |                 | •                |                              |                              |                            |                              |   |
|              |                                 |                                         |                 | •                |                              |                              |                            |                              |   |
|              |                                 |                                         |                 |                  |                              |                              |                            |                              |   |
|              |                                 |                                         |                 | =                |                              |                              |                            |                              | _ |
|              |                                 |                                         | •               |                  |                              | s for pages you have attach  |                            |                              |   |
| Part         | 6:                              | Describe Any F<br>If you own or have an | arm- and (      | Commerci         | al Fishing-Related F         | Property You Own or H        | lave an Interest In        | ).                           |   |
| 46.          |                                 |                                         |                 |                  |                              | nercial fishing-related prop | ertv?                      |                              | _ |
|              |                                 | No. Go to Part 7.                       | ,g v. vo        |                  |                              |                              | - •                        | Current value of the         |   |
|              | $\stackrel{\mathbf{L}}{\vdash}$ | Yes. Go to line 47.                     |                 |                  |                              |                              |                            | portion you own?             |   |
|              | ш                               | 103. 00 to line 47.                     |                 |                  |                              |                              |                            | Do not deduct secured claims |   |
|              |                                 |                                         |                 |                  |                              |                              |                            | or exemptions                |   |
| 47.          |                                 | m animals                               | iltry form rois | ad fich          |                              |                              |                            |                              |   |
|              | ⊏xa                             | mples: Livestock, pou                   | uuy, rarm-raise | au IISH          |                              |                              |                            |                              |   |
|              | $ \mathbf{V} $                  | No                                      |                 |                  |                              |                              |                            | 1                            |   |
|              | Ш                               | Yes. Describe                           |                 |                  |                              |                              |                            |                              | - |

| Deb          | tor 1    | Andre Case 16 First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6-12845         | Doc 1          | Filed 04/415/41 Document |                | <b>04√1.5√1⊾6</b> (1k1±√02: <u>07</u><br>of 67 | Desc   | <u>Main</u>  |
|--------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|--------------------------|----------------|------------------------------------------------|--------|--------------|
| 48.          | Cro      | ps-either growing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | or harvested    |                | Boodinone                | . ago 10 c     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,        |        |              |
|              | <b>✓</b> | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |                          |                |                                                |        |              |
|              |          | Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                |                          |                |                                                | _      |              |
| 49.          | Fari     | າn and fishing equip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | oment, imple    | ements, mach   | inery, fixtures, and to  | ools of trade  |                                                |        |              |
|              | <b>✓</b> | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |                          |                |                                                |        |              |
|              |          | Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                |                          |                |                                                | _      |              |
| 50.          | Far      | m and fishing supp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lies, chemic    | als, and feed  |                          |                |                                                |        |              |
|              | <b>✓</b> | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |                          |                |                                                |        |              |
|              | Ш        | Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                |                          |                |                                                | _      |              |
| 51.          |          | farm- and comment<br>farm- and co |                 |                | rty you did not alread   | y list         |                                                |        |              |
|              | <b>✓</b> | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |                          |                |                                                |        |              |
|              |          | Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                |                          |                |                                                | _      |              |
|              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                |                          |                |                                                |        |              |
|              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -               |                | 6, including any entr    |                |                                                |        |              |
|              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                |                          |                |                                                | L      |              |
|              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                |                          |                |                                                |        |              |
| Part         |          | Describe All Pro<br>ou have other prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                | ave an Interest in       | That You Did N | lot List Above                                 |        |              |
| 53.          |          | nples: Season tickets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                | iot aiready list?        |                |                                                |        |              |
|              | <b>✓</b> | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |                          |                |                                                |        |              |
|              |          | Yes. Give specific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |                          |                |                                                |        |              |
|              |          | information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                |                          |                |                                                |        |              |
|              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                |                          |                |                                                |        |              |
| 54. A        | dd th    | e dollar value of all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of your entr    | ies from Part  | 7. Write that number     | here           |                                                | .▶     |              |
|              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                |                          |                |                                                |        |              |
|              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                |                          |                |                                                |        |              |
| Part         | 8:       | List the Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of Each Pa      | rt of this F   | orm                      |                |                                                |        | 1            |
| 55. I        | Part 1   | : Total real estate, I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ine 2           |                |                          |                | <b>&gt;</b>                                    |        |              |
| 56. <b>ı</b> | part 2   | total vehicles, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5               |                | Ф4.OF                    | 00.00          |                                                |        |              |
| -            |          | : Total personal and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | items, line 15 | \$105<br>\$125           |                |                                                |        |              |
|              |          | ·<br>: Total financial ass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | ,              | φ133                     |                |                                                |        |              |
|              |          | : Total business-re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •               | tv. line 45    | <u>\$10.0</u>            | U              |                                                |        |              |
|              |          | : Total farm- and fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | -              | <br>ne 52                |                |                                                |        |              |
|              |          | : Total other prope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _               |                | <u>-</u>                 |                |                                                |        |              |
|              |          | personal property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -               |                |                          |                |                                                |        |              |
| 0∠.          | olai     | personai property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AUU 111165 00 l | ı ıı Ougii 0 I | \$1186                   | 00.00          | Copy personal property to                      | otal ► | + \$11860.00 |
|              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                |                          |                |                                                |        | \$11860.00   |
| 62 7         | otal d   | of all proporty on S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | chodulo A/D     | Add line 55 :  | line 62                  |                |                                                |        |              |

| Eill i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | in this inform                                                                     | Case 16-12845 ation to identify your case:                                                                                             | Doc 1                                                                                                               | Filed 04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | /15/16 Entere                                                                                                                                                                             | <u>ed 04/1</u> 5/16 11:02:0                                                                                                                                   | 7 Desc Main                                                                                                                                                                          |
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| Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ted States Ba                                                                      | ankruptcy Court for the:                                                                                                               | Northern                                                                                                            | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | District of Illinois                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                                                                                      |
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| Of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ficial F                                                                           | orm 106C                                                                                                                               |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                               | Check if this is a amended filing                                                                                                                                                    |
| Sc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | hedul                                                                              | e C: The Prop                                                                                                                          | erty Y                                                                                                              | ou Claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | as Exempt                                                                                                                                                                                 |                                                                                                                                                               | 12/1                                                                                                                                                                                 |
| the for is to exercise the control of the control o | each item o state a s mpted up eive certa mption of perty is d t1: Ident Which set | additional pages, wring of property you classed in of property you classed in the amount of an in benefits, and tax 100% of fair marke | aim as exent as exent as exent as exent ret value und that amodelaim as elaiming? Chill Inonbankrupt ons. 11 U.S.C. | empt, you munpt. Alternatively statutory etirement funder a law that bunt, your extended the control of the con | number (if known).  Ist specify the am  vely, you may clai  I limit. Some exen  ads—may be unlir  It limits the exemplemption would be  en if your spouse is filing  I U.S.C. § 522(b)(3) | nount of the exemption im the full fair market ventions—such as those mited in dollar amount. ption to a particular dole limited to the applicate g with you. | you claim. One way of doing so<br>alue of the property being<br>e for health aids, rights to<br>However, if you claim an<br>lar amount and the value of the<br>ole statutory amount. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    | ription of the property a<br>ale A/B that lists this pro                                                                               |                                                                                                                     | portion you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Amount of the execution Check only one box                                                                                                                                                | •                                                                                                                                                             | Specific laws that allow exemption                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                                                                        | Cop                                                                                                                 | by the value from the dule A/B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                           |                                                                                                                                                               |                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Brief<br>description                                                               | : Fifth Third                                                                                                                          |                                                                                                                     | \$10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>7</b>                                                                                                                                                                                  | ***                                                                                                                                                           | 735 ILCS 5/12-1001(b)                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Line from<br>Schedule A                                                            | √B: <u>17</u>                                                                                                                          |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100% of fair mar                                                                                                                                                                          | \$10.00 rket value, up to any tory limit                                                                                                                      |                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Brief<br>description                                                               | : 2014 Chrysler 200                                                                                                                    |                                                                                                                     | \$10,500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                           | ,                                                                                                                                                             | 735 ILCS 5/12-1001(c)                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Line from Schedule A                                                               |                                                                                                                                        |                                                                                                                     | <u>, , , , , , , , , , , , , , , , , , , </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 100% of fair mar                                                                                                                                                                          | rket value, up to any<br>tory limit                                                                                                                           |                                                                                                                                                                                      |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Subject to                                                                        | aiming a homestead exe<br>adjustment on 4/01/19 and<br>id you acquire the property                                                     | every 3 year                                                                                                        | s after that for cas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5?<br>es filed on or after the da                                                                                                                                                         | ate of adjustment.)                                                                                                                                           |                                                                                                                                                                                      |

| Par | Addition                                                                            | nal Page                         |                                                                                   | 3                                                                         |                                    |
|-----|-------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------|
|     | Brief description of the property and line on Schedule A/B that lists this property |                                  | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |
|     | Brief description: Line from Schedule A/B:                                          | used furniture & household goods | \$500.00                                                                          | \$500.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
|     | Brief description: Line from Schedule A/B:                                          | Used clothing                    | \$450.00                                                                          | \$450.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a)              |
|     | Brief description: Line from Schedule A/B:                                          | Used electronics 07              | \$400.00                                                                          | \$400.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
|     | Brief description: Line from Schedule A/B:                                          | 5/3 Bank - Prepaid Card          | \$0.00                                                                            | 100% of fair market value, up to any applicable statutory limit           | 735 ILCS 5/12-1001(b)              |

|            |                                                       | Case 16-12845                                                                                                                             | Doc 1 Filed                                                         | 04/15/16 5                 | Entared 04/1E     | /16 11:02:07                                                      | Doco Main                                              |                                   |
|------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------|-------------------|-------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------|
| Filli      | in this informa                                       | ation to identify your case:                                                                                                              | DOG FIRE                                                            | U4/13/10 F                 | -Meren 04/1.5/    | 10 11.02.07                                                       | Desc Main                                              |                                   |
| Deb        | otor 1                                                | Andre<br>First Name                                                                                                                       | Middle Name                                                         | Williams<br>Last Nam       | e                 |                                                                   |                                                        |                                   |
|            | otor 2<br>ouse, if filing)                            | First Name                                                                                                                                | Middle Name                                                         | Last Nam                   | e e               |                                                                   |                                                        |                                   |
| Unit       | ted States Ba                                         | nkruptcy Court for the: No                                                                                                                | orthern                                                             | District of Illinoi (State |                   |                                                                   |                                                        |                                   |
|            | e number<br>nown)                                     |                                                                                                                                           |                                                                     |                            |                   |                                                                   |                                                        |                                   |
| Of         | ficial F                                              | form 106D                                                                                                                                 |                                                                     |                            |                   |                                                                   |                                                        | eck if this is a                  |
| Sc         | hedu                                                  | le D: Creditor                                                                                                                            | rs Who Hav                                                          | ve Claims                  | s Secured         | by Prope                                                          | rty                                                    | 12/1                              |
| forn<br>1. | Do any cre<br>No. Ch                                  | mation. If more space top of any additional ditors have claims secured eck this box and submit this foll in all of the information below. | pages, write your<br>by your property?<br>orm to the court with you | name and cas               | e number (if kno  | own).                                                             | es, and attach it t                                    | o this                            |
| 2.         | List all secu                                         | ured claims. If a creditor has<br>the than one creditor has a par<br>the claims in alphabetical or                                        | ticular claim, list the oth                                         | er creditors in Part 2     | 2. As much as     | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1        | Chrysler Ca<br>Creditor's Na<br>P.O. Box 96<br>Number | me                                                                                                                                        | Describe the propert                                                | alue: \$10,500.00          |                   | \$14,853.00                                                       | \$10,500.00                                            | \$4,353.00                        |
|            | <b>✓</b> Debtor                                       | State ZIP Code the debt? Check one.  1 only                                                                                               | Contingent Unliquidated Disputed Nature of lien. Check              | call that apply.           |                   |                                                                   |                                                        |                                   |
|            | Debtor 2                                              | 2 only<br>1 and Debtor 2 only                                                                                                             | An agreement you car loan)                                          | u made (such as mo         | rtgage or secured |                                                                   |                                                        |                                   |
|            | At least another                                      | one of the debtors and                                                                                                                    |                                                                     | ch as tax lien, mecha      | anic's lien)      |                                                                   |                                                        |                                   |
|            | commu                                                 | if this claim relates to a<br>unity debt<br>vas incurred <u>4/1/2015</u>                                                                  | Judgment lien from Other (including a  Last 4 digits of acco        | right to offset)           | 1000              |                                                                   |                                                        |                                   |
|            |                                                       | Add the dollar value of you<br>nere:                                                                                                      |                                                                     |                            |                   | \$14,853.00                                                       |                                                        |                                   |

| Till in                     | this informs                                            | Case 16-1284                                                                                |                                                                                                                                                       | 04/15/16                                                           | Entered 04                                                    | / <mark>1</mark> 5/16 11:02:07                    | Desc                               | Main                        |                               |
|-----------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|------------------------------------|-----------------------------|-------------------------------|
|                             | UIIS IIIIOIIIIa                                         | ation to identify your case                                                                 | <del></del>                                                                                                                                           |                                                                    |                                                               | -                                                 |                                    |                             |                               |
| Debte                       |                                                         | Andre                                                                                       | ACT III AT                                                                                                                                            | Willian                                                            |                                                               |                                                   |                                    |                             |                               |
| Dalat                       |                                                         | First Name                                                                                  | Middle Name                                                                                                                                           | Last N                                                             | ame                                                           |                                                   |                                    |                             |                               |
| Debte<br>(Spot              |                                                         | First Name                                                                                  | Middle Name                                                                                                                                           | Last N                                                             | ame                                                           |                                                   |                                    |                             |                               |
| Unite                       | d States Ba                                             | nkruptcy Court for the:                                                                     | Northern                                                                                                                                              | District of III                                                    | inois<br>State)                                               |                                                   |                                    |                             |                               |
|                             | number                                                  |                                                                                             |                                                                                                                                                       | (0                                                                 | Diale)                                                        |                                                   |                                    |                             |                               |
| (If kno                     |                                                         |                                                                                             |                                                                                                                                                       |                                                                    |                                                               |                                                   |                                    |                             |                               |
| Offi                        | cial Fo                                                 | rm 106E/F                                                                                   |                                                                                                                                                       |                                                                    |                                                               |                                                   | ☐ Ched                             | k if this is an             | amended filing                |
| Sc                          | hedu                                                    | le E/F: Cre                                                                                 | ditors Who                                                                                                                                            | Have U                                                             | nsecure                                                       | d Claims                                          |                                    |                             | 12/15                         |
| 106Å/l<br>are lis<br>the bo | B) and on S<br>ted in Sche<br>exes on the               | Schedule G: Executory edule D: Creditors Who left. Attach the Contin                        | xpired leases that could<br>Contracts and Unexpire<br>O Hold Claims Secured bountion Page to this page<br>Y Unsecured Claims                          | ed Leases (Officially) by Property. If mose. On the top of a       | al Form 106G). Do<br>ore space is neede                       | not include any credito<br>d, copy the Part you n | ors with parti<br>eed, fill it out | ally secured<br>, number th | l claims that<br>e entries in |
| 1.                          |                                                         | ditors have priority unso to Part 2.                                                        | secured claims against y                                                                                                                              | ou?                                                                |                                                               |                                                   |                                    |                             |                               |
|                             | List all of y identify wha possible, list Part 1. If mo | t type of claim it is. If a cla<br>t the claims in alphabetic<br>ore than one creditor hold | claims. If a creditor has maim has both priority and no all order according to the cruds a particular claim, list the claim, see the instructions for | onpriority amounts<br>reditor's name. If y<br>e other creditors in | , list that claim here a<br>rou have more than t<br>n Part 3. | and show both priority an                         | d nonpriority a                    | amounts. As r               | much as                       |
|                             |                                                         |                                                                                             |                                                                                                                                                       |                                                                    |                                                               |                                                   | Total claim                        | Priority amount             | Nonpriority amount            |
|                             |                                                         |                                                                                             |                                                                                                                                                       |                                                                    |                                                               |                                                   |                                    |                             |                               |

Doc 1 Filed 04/115/136 Entered 04/15/136 Addi 02:07 Desc Main Andre Case 16-12845 Page 24 of 67 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 CHASE BANK USA, NA \$500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only **✓** Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that Debtor 1 and Debtor 2 only you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt **NSF Fees** Other. Specify Is the claim subject to offset? **V** No Yes 4.2 City of Chicago Parking \$4,500.00 Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle St # 107A When was the debt incurred? Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60602 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only l√l Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that Debtor 1 and Debtor 2 only you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify parking tickets Is the claim subject to offset? **✓** No Yes 4.3 DEPT OF ED/NAVIENT \$863.00 Last 4 digits of account number 1028 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 10/1/2015 Street Number As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify ✓ No Yes

Debtor 1

Debtor 1 Andre Case 16-12845 Doc 1 Filed 04/415/436 Entered 04/415/436 Occumentation Page 25 of 67

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page 

|     | A6-P-6                                                                                                                                                                                                                                                                               | of the A.E. College of the A.O. and Long Contle                                                                                                                                                                                                                                                                                               | Total alaba |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|     | After listing any entries on this page, number them beginning v                                                                                                                                                                                                                      | with 4.5, followed by 4.6, and so forth.                                                                                                                                                                                                                                                                                                      | Total claim |
| 4.4 | DEPT OF ED/NAVIENT Nonpriority Creditor's Name                                                                                                                                                                                                                                       | Last 4 digits of account number1028                                                                                                                                                                                                                                                                                                           | \$500.00    |
|     | PO Box 9635                                                                                                                                                                                                                                                                          | When was the debt incurred? 10/1/2015                                                                                                                                                                                                                                                                                                         |             |
|     | Wilkes Barre Pennsylvania 18773 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  ☐ Check if this claim relates to a community debt  Is the claim subject to offset? | As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify |             |
| 4.5 | ✓ No  Yes  SW CRDT SYS  Nonpriority Creditor's Name                                                                                                                                                                                                                                  | — Last 4 digits of account number 4258                                                                                                                                                                                                                                                                                                        | \$342.00    |
|     | 2629 DICKERSON PK                                                                                                                                                                                                                                                                    | When was the debt incurred? 2/1/2015                                                                                                                                                                                                                                                                                                          |             |
|     | Number Street                                                                                                                                                                                                                                                                        | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                  |             |
|     | CARROLLTON Texas 75007 City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No               | Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify                                                                  |             |
|     | Yes                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                               |             |

Debtor 1 Andre Case 16-12845 Doc 1 Filed 04/\(\text{15}\text{16}\text{16}\) Entered 04/\(\text{15}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\text{16}\tex

| collection agen<br>agency here. Si | ncy is trying to collect f<br>imilarly, if you have mo | rom you for a debt yo | your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a but owe to someone else, list the original creditor in Parts 1 or 2, then list the collection or any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you tes in Parts 1 or 2, do not fill out or submit this page. |  |  |  |  |
|------------------------------------|--------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Arnold Scott Ha                    | arris PC                                               |                       |                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Name                               |                                                        |                       | On which entry in Part 1 or Part 2 did you list the original creditor?                                                                                                                                                                                                                                                                         |  |  |  |  |
| 111 W Jackson #                    | # 600                                                  |                       | Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims                                                                                                                                                                                                                                                                      |  |  |  |  |
| Number Str                         | reet                                                   |                       | Part 2: Creditors with Nonpriority Unsecured                                                                                                                                                                                                                                                                                                   |  |  |  |  |
|                                    |                                                        |                       | Claims                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| Chicago                            | Illinois                                               | 60604                 | Last 4 digits of account number                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| City                               | State                                                  | Zip Code              |                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |

Debtor 1 Andre Case 16-12845 Doc 1 Filed 04/M15/M36 Entered 04/415/M36 Abd iv 02:07 Desc Main

irst Name

amount here.

6j. Total. Add lines 6f through 6i.

Middle Name

Documast Name

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Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$0.00 6d. Other. Add all other priority unsecured claims. Write that \$0.00 amount here. 6e. Total. Add lines 6a through 6d. \$0.00 **Total claims** \$1,363.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or divorce 6g. that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. 6i. Other. Add all other nonpriority unsecured claims. Write that 6i.

\$6,705.00

6j.

|                        | Case 16-1284                  | 5 Doc 1 Filed 04                  | 4/15/16 Entered 0                                                 | 4/1E/16 11:02:07               | Desc Main                                                        |
|------------------------|-------------------------------|-----------------------------------|-------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------|
| Fill in this inform    | nation to identify your case  |                                   | 4/15/16 Elleren 0                                                 | 4/15/10 11.02.07               | Desc Main                                                        |
| Debtor 1               | Andre<br>First Name           | Middle Nesse                      | Williams                                                          | _                              |                                                                  |
| Debtor 2               |                               | Middle Name                       | Last Name                                                         | _                              |                                                                  |
| (Spouse, if filing     | ) First Name                  | Middle Name                       | Last Name                                                         |                                |                                                                  |
| United States Ba       | ankruptcy Court for the:      | Northern                          | District of Illinois (State)                                      | _                              |                                                                  |
| Case number (If known) |                               |                                   | (Claid)                                                           | _                              |                                                                  |
|                        | Form 106G                     |                                   |                                                                   |                                | Check if this is ar<br>amended filing                            |
| <u>Schedul</u>         | e G: Execut                   | ory Contracts a                   | and Unexpired                                                     | Leases                         | 12/1                                                             |
|                        | d, copy the additional p      |                                   |                                                                   |                                | ing correct information. If more onal pages, write your name and |
| 1. Do you ha           | ave any executory             | contracts or unexpired            | leases?                                                           |                                |                                                                  |
| ✓ No. Che              | ck this box and file this for | m with the court with your other  | r schedules. You have nothing e                                   | lse to report on this form.    |                                                                  |
| Yes. Fill              | in all of the information be  | elow even if the contracts or lea | ses are listed on Schedule A/B                                    | : Property (Official Form 106A | /B).                                                             |
|                        |                               |                                   | he contract or lease. Then sta<br>struction booklet for more exam |                                |                                                                  |
| Person                 | or company with whor          | n you have the contract or le     | ase                                                               | State what the contrac         | t or lease is for                                                |
|                        |                               |                                   |                                                                   |                                |                                                                  |

|      |                 | Case 16-1284                                                         | 5 Doc 1 Filed 0                                                                                 | 4/15/16 Entered                 | <u>04/1</u> 5/16 11:02:07          | Desc Main                                                                              |
|------|-----------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|----------------------------------------------------------------------------------------|
| Fill | in this inform  | ation to identify your case                                          |                                                                                                 | <u> </u>                        | 0/10 11:02:07                      | Description                                                                            |
| De   | btor 1          | Andre                                                                |                                                                                                 | Williams                        | _                                  |                                                                                        |
| Do   | btor 2          | First Name                                                           | Middle Name                                                                                     | Last Name                       |                                    |                                                                                        |
|      | ouse, if filing | First Name                                                           | Middle Name                                                                                     | Last Name                       | _                                  |                                                                                        |
| Un   | ited States Ba  | ankruptcy Court for the:                                             | Northern                                                                                        | District of Illinois            |                                    |                                                                                        |
|      | se number       |                                                                      |                                                                                                 | (State)                         | _                                  |                                                                                        |
|      |                 |                                                                      |                                                                                                 |                                 |                                    | Check if this is a amended filing                                                      |
| Of   | fficial F       | orm 106H                                                             |                                                                                                 |                                 |                                    | amended illing                                                                         |
|      |                 | e H: Your Co                                                         | odebtors                                                                                        |                                 |                                    | 12/1:                                                                                  |
| evei | ry question.    |                                                                      |                                                                                                 | list either spouse as a codebto |                                    | ase number (if known). Answer                                                          |
| 2.   | Louisiana, N    | levada, New Mexico, Pue<br>o to line 3.<br>id your spouse, former sp | ived in a community proper<br>erto Rico, Texas, Washington,<br>ouse, or legal equivalent live v | and Wisconsin.)                 | unity property states and territor | ies include Arizona, California, Idaho,                                                |
|      |                 |                                                                      | tate or territory did you live?                                                                 | Fill in the                     | name and current address of th     | at person.                                                                             |
|      |                 | Name of your spouse, for                                             | ormer spouse, or legal equival                                                                  | ent                             | -                                  |                                                                                        |
|      |                 | Number Street                                                        |                                                                                                 |                                 | -                                  |                                                                                        |
|      |                 | City                                                                 | State                                                                                           | Zip Code                        | -                                  |                                                                                        |
| 3.   | as a codeb      | tor only if that person is                                           | s a guarantor or cosigner. I                                                                    | Make sure you have listed the   |                                    | the person shown in line 2 again<br>ficial Form 106D), <i>Schedule E/F</i><br>olumn 2. |
|      | Column 1:       | Your codebtor                                                        |                                                                                                 |                                 | Column 2: The creditor to          | whom you owe the debt                                                                  |

Check all schedules that apply:

| Fill in th             | nis information to identify                               | A vont case.                                                       |                              |                                   | 5/16 11:          | :02:07        | Desc Ma                             | ıin    |                             |
|------------------------|-----------------------------------------------------------|--------------------------------------------------------------------|------------------------------|-----------------------------------|-------------------|---------------|-------------------------------------|--------|-----------------------------|
|                        | no mornation to laciting                                  | Docur                                                              | пспс гад                     | <del>ge 30 or (</del>             | 51                |               |                                     |        |                             |
| Debtor 1               | Andre                                                     |                                                                    | Williams                     |                                   |                   |               |                                     |        |                             |
|                        | First Name                                                | Middle Name                                                        | Last Name                    |                                   |                   | Check if this | s is:                               |        |                             |
| Debtor 2               | if filing) =:                                             | A 4"   11   A 1                                                    |                              |                                   |                   | _             | ended filing                        |        |                             |
| (Spouse,               | if filing) First Name                                     | Middle Name                                                        | Last Name                    |                                   |                   | =             | ŭ                                   |        |                             |
| United St              | ates Bankruptcy Court for the:                            | Northern                                                           | District of Illinois (State) |                                   |                   |               | ement showing<br>es as of the follo |        | etition chapter 13<br>late: |
| Case nun<br>(If known) |                                                           |                                                                    |                              | _                                 |                   | MM / D        | D/YYYY                              |        |                             |
| Offici                 | al Form 106I                                              |                                                                    |                              |                                   |                   |               |                                     |        |                             |
| Sche                   | dule I: Your Inc                                          | ome                                                                |                              |                                   |                   |               |                                     |        | 12/15                       |
| ages, v                |                                                           | e. If more space is neede<br>se number (if known). A<br>nt         | nswer every (                |                                   | eet to this fo    | orm. On t     | he top of ar                        | ny ad  | ditional                    |
| 1.                     | Fill in your employment information.                      |                                                                    | Debtor 1                     |                                   |                   | Debtor 2      | 2                                   |        |                             |
|                        | If you have more than one                                 | Employment status                                                  | ✓ Employed                   |                                   |                   | Emplo         | yed                                 |        |                             |
|                        | If you have more than one job,                            |                                                                    | Not Employe                  | ed                                |                   | Not Er        | mployed                             |        |                             |
|                        | attach a separate page with information about additional  | Occupation                                                         | Electronics Pers             |                                   |                   |               |                                     |        |                             |
|                        | employers.                                                | Employer's name                                                    | WalMart                      |                                   |                   |               |                                     |        |                             |
|                        | Include part time, seasonal, or                           | Employer's address                                                 | 702 S.W. 8th St.             | 702 S.W. 8th St.<br>Number Street |                   |               | Number Street                       |        |                             |
|                        | self-employed work.                                       |                                                                    |                              |                                   |                   |               |                                     |        |                             |
|                        | Occupation may include student                            |                                                                    |                              |                                   |                   |               |                                     |        |                             |
|                        | or homemaker, if it applies.                              |                                                                    | Bentonville                  | Arkansas                          | 72716             |               |                                     |        |                             |
|                        |                                                           |                                                                    | City                         | State                             | Zip Code          | City          | Sta                                 | te     | Zip Code                    |
|                        |                                                           | How long employed there?                                           | 1 month                      |                                   | ·                 |               |                                     |        |                             |
| Part 2:                | Give Details About I                                      | Monthly Income                                                     |                              |                                   |                   |               |                                     |        |                             |
|                        |                                                           | -                                                                  | oue pething to rep           | art for any line                  | write CO is the s | naga Inglud   | la vaur nan filine                  |        | an unlane veu               |
| are sepa               | arated.                                                   | date you file this form. If you ha                                 |                              |                                   |                   |               |                                     |        |                             |
| -                      | your non-filing spouse have mo<br>ate sheet to this form. | re than one employer, combine th                                   | ne information for a         | all employers fo                  | or that person on |               | •                                   | more : | space, attach               |
|                        |                                                           |                                                                    |                              | For D                             | ebtor 1           | For Debt      | or 2 or<br>g spouse                 |        |                             |
|                        |                                                           | y, and commissions (before all<br>lculate what the monthly wage wo |                              |                                   | \$1,542.45        |               |                                     |        |                             |
| 3. <b>Es</b>           | timate and list monthly overt                             | ime pay.                                                           | 3                            |                                   | + \$0.00          |               |                                     |        |                             |
| 4. <b>Ca</b>           | Iculate gross income. Add lin                             | e 2 + line 3.                                                      | 4                            |                                   | \$1,542.45        |               |                                     | 1      |                             |

Filed 04//1/5//16 Entered @4/15/166 11:02:07 Desc Main Andre Case 16-12845 Doc 1 Middle Name Documentame Page 31 of 67 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$1,542.45 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$282.97 5b. 5b. Mandatory contributions for retirement plans \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. \$0.00 5h. Other deductions. Specify: 5h. -\$0.00 \$282.97 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,259.48 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 8a. monthly net income. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 8f. \$0.00 \$0.00 8g. Pension or retirement income 8g. 8h. Other monthly income. Specify: 8h. -\$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 10.Calculate monthly income. Add line 7 + line 9. \$1,259.48 \$1,259.48 10 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. \$1,259.48 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain:

| Fill in this inf            | Case 16-1284 Cormation to identify your case           |                                                                 | 4/15/16 Entered 04/1                                                         | 5/16 11:02:07     | Desc Mai          | in           |
|-----------------------------|--------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------|-------------------|-------------------|--------------|
| FIII III II II II IS II II  | ormation to identity your cas                          | SE.                                                             | J                                                                            |                   |                   |              |
| Debtor 1                    | Andre                                                  | Middle News                                                     | Williams                                                                     |                   |                   |              |
| Debtor 2                    | First Name                                             | Middle Name                                                     | Last Name                                                                    | Check if this is: |                   |              |
|                             | iling) First Name                                      | Middle Name                                                     | Last Name                                                                    | An amended filing | •                 |              |
| United State                | es Bankruptcy Court for the:                           | Northern                                                        | District of Illinois (State)                                                 | A supplement sho  | owing post-petiti |              |
| Case number                 | er                                                     |                                                                 | (State)                                                                      | MM / DD / YYYY    |                   | •            |
|                             | l Form 106J<br>ule J: Your Ex                          | cpenses                                                         |                                                                              |                   |                   | 12/15        |
| nformation.<br>if known). A |                                                        | attach another sheet to this t                                  | e filing together, both are equally re<br>form. On the top of any additional |                   |                   | nber         |
| 1. Is this a j              |                                                        | olu                                                             |                                                                              |                   |                   |              |
|                             |                                                        |                                                                 |                                                                              |                   |                   |              |
|                             | Go to line 2                                           |                                                                 |                                                                              |                   |                   |              |
| Yes.                        | Does Debtor 2 live in a s                              | eparate household?                                              |                                                                              |                   |                   |              |
|                             | No                                                     |                                                                 |                                                                              |                   |                   |              |
|                             | Yes. Debtor 2 must fil                                 | e Official Forms 106J-2, Expens                                 | ses for Separate Household of Debtor                                         | 2.                |                   |              |
| 2. Do you h                 | ave dependents?                                        | No                                                              |                                                                              |                   |                   |              |
| Do not lis<br>Debtor 2.     |                                                        | es. Fill out this information for each dependent                | Dependent's relationship to<br>Debtor 1 or Debtor 2                          | Dependent's age   | Does deper        | ndent live   |
| •                           | and your                                               | No<br>⁄es                                                       |                                                                              |                   |                   |              |
| Part 2: Es                  | stimate Your Ongoing                                   | Monthly Expenses                                                |                                                                              |                   |                   |              |
|                             | s of a date after the bank                             |                                                                 | ou are using this form as a supple plemental Schedule J, check the b         |                   |                   | )            |
|                             |                                                        | cash government assistance it on <i>Schedule I: Your Income</i> |                                                                              |                   | Y                 | our expenses |
|                             | tal or home ownership extends to the ground or lot. 4. | penses for your residence. Ind                                  | clude first mortgage payments and                                            |                   | 4.                | \$500.00     |
| If not in                   | ncluded in line 4:                                     |                                                                 |                                                                              |                   |                   |              |
| 4a. Rea                     | l estate taxes                                         |                                                                 |                                                                              |                   | 4a                | \$0.00       |
| 4b. Prop                    | perty, homeowner's, or rente                           | er's insurance                                                  |                                                                              |                   | 4b.               | \$0.00       |
| 4c. Hom                     | ne maintenance, repair, and o                          | upkeep expenses                                                 |                                                                              |                   | 4c.               | \$0.00       |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Andre Case 16-12845 Doc 1 Filed 04/M15/416 Entered 04/415/116 ALL:02:07 Desc Main

Document Page 33 of 67 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$38.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$60.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$80.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$16.00 9. 10. Personal care products and services \$10.00 10. 11. Medical and dental expenses \$0.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$60.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$125.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18.

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

19.

20a

20b

20c

20d

20e

19. Other payments you make to support others who do not live with you.

20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

Specify:

20a. Mortgages on other property

20c. Property, homeowner's, or renter's insurance

20d. Maintenance, repair, and upkeep expenses 20d.

20e. Homeowner's association or condominium dues

20b. Real estate taxes 20b.

| Debtor 1                                                                             | Andre Case 16-12           | 2845 Doc 1                | Filed 04/11/5/11/6            | Entered 04/1/5/11       | 66/13k32ki∙02: <u>07</u> □ | Desc Main |            |
|--------------------------------------------------------------------------------------|----------------------------|---------------------------|-------------------------------|-------------------------|----------------------------|-----------|------------|
|                                                                                      | First Name                 | Middle Name               | Documetnit <sup>me</sup>      | Page 34 of 67           |                            |           |            |
| 21.Other.                                                                            | Specify:                   |                           |                               |                         | 21                         |           | \$0.00     |
|                                                                                      |                            |                           |                               |                         |                            |           |            |
| 22. Calcu                                                                            | late your monthly expended | nses.                     |                               |                         |                            |           | \$889.00   |
| 22a. A                                                                               | dd lines 4 through 21.     |                           |                               |                         |                            | _         | \$0.00     |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |                            |                           |                               |                         |                            | _         | \$889.00   |
| 22c. A                                                                               | dd line 22a and 22b. The   | result is your monthly ex | rpenses.                      |                         | 22.                        |           |            |
| 23. Calcu                                                                            | late your monthly net in   | come.                     |                               |                         |                            |           |            |
| 23a. C                                                                               | copy line 12 (your combine | ed monthly income) fron   | n Schedule I.                 |                         | 23a                        | _         | \$1,259.48 |
| 23b. C                                                                               | opy your monthly expense   | es from line 22 above.    |                               |                         | 23b                        | _         | \$889.00   |
|                                                                                      | ubtract your monthly expe  |                           | income.                       |                         |                            |           | \$370.48   |
| -                                                                                    | The result is your monthly | net income.               |                               |                         | 23c                        |           |            |
| 24. <b>Do y</b> o                                                                    | ou expect an increase or   | r decrease in your exp    | enses within the year af      | ter you file this form? |                            |           |            |
| For e                                                                                | xample, do vou expect to   | finish paving for your ca | r loan within the year or do  | vou expect vour         |                            |           |            |
|                                                                                      |                            |                           | of a modification to the term |                         |                            |           |            |
|                                                                                      | lo                         |                           |                               |                         |                            |           |            |
| ✓ Y                                                                                  | ´es                        |                           |                               |                         |                            |           |            |
| _                                                                                    | Explain here:              |                           |                               |                         |                            |           |            |
|                                                                                      |                            | elps pay for debtors foo  | d - debtor only spends \$100  | on his portion of food  |                            |           |            |
|                                                                                      |                            |                           |                               |                         |                            |           |            |
|                                                                                      |                            |                           |                               |                         |                            |           |            |
|                                                                                      |                            |                           |                               |                         |                            |           |            |
|                                                                                      |                            |                           |                               |                         |                            |           |            |
|                                                                                      |                            |                           |                               |                         |                            |           |            |

|                             | Case 16-12845                                             | Doc 1 Filed 0                | 1/15/16 Entoro                        | d 04/15/16 11:02:07                               | Doce Main                         |
|-----------------------------|-----------------------------------------------------------|------------------------------|---------------------------------------|---------------------------------------------------|-----------------------------------|
| Fill in this info           | ormation to identify your case:                           |                              | 4/1:3/10 Fillere                      | 104/15/10 11.02.07                                | Desc Main                         |
| Debtor 1                    | Andre                                                     |                              | Williams                              |                                                   |                                   |
| D. I.                       | First Name                                                | Middle Name                  | Last Name                             |                                                   |                                   |
| Debtor 2<br>(Spouse, if fil | ling) First Name                                          | Middle Name                  | Last Name                             |                                                   |                                   |
| United States               | s Bankruptcy Court for the:                               | Northern                     | District of Illinois                  |                                                   |                                   |
| Cooo numbo                  |                                                           |                              | (State)                               |                                                   |                                   |
| Case numbe (If known)       |                                                           |                              |                                       | <del></del>                                       |                                   |
| Official                    | Form 106Dec                                               | <u> </u>                     |                                       |                                                   | Check if this is a amended filing |
| Declara                     | ation About an                                            | Individual Del               | btor's Sched                          | ules                                              | 12/1                              |
| If two married              | d people are filing together                              | , both are equally responsik | ole for supplying correct             | information.                                      |                                   |
| _                           | gn Below<br>I pay or agree to pay some                    | one who is NOT an attorney   | to help you fill out bankr            | ruptcy forms?                                     |                                   |
| ✓ No                        |                                                           |                              |                                       |                                                   |                                   |
| Yes                         | s. Name of person                                         |                              | Attach Bankruptcy Signature (Official | Petition Preparer's Notice, Declara<br>Form 119). | ition, and                        |
| that the                    | penalty of perjury, I declare<br>by are true and correct. | that I have read the summa   | ry and schedules filed w              | ith this declaration and                          |                                   |
| 🥕 /s/ And                   |                                                           |                              | 40                                    |                                                   |                                   |
| Signatur                    | re of Debtor 1                                            |                              | <b>X</b>                              | re of Debtor 2                                    |                                   |

| Fill ir | this inform      | Case 16-12845 nation to identify your case                                     | Doc 1                 | Filed 04/15/16               | Entered 04/15/16 11:02                                              | 2:07 Desc M                     | ain                                     |  |  |
|---------|------------------|--------------------------------------------------------------------------------|-----------------------|------------------------------|---------------------------------------------------------------------|---------------------------------|-----------------------------------------|--|--|
| Debt    |                  | Andre                                                                          |                       | Williams                     |                                                                     |                                 |                                         |  |  |
| Debt    |                  | First Name                                                                     | Middle N              |                              | ne                                                                  |                                 |                                         |  |  |
|         |                  | First Name                                                                     | Middle N              |                              |                                                                     |                                 |                                         |  |  |
|         |                  | Sankruptcy Court for the:                                                      | Northern              | District of Illino (Sta      |                                                                     |                                 |                                         |  |  |
| (If kn  | e number<br>own) |                                                                                |                       |                              |                                                                     |                                 | <b></b>                                 |  |  |
| Off     | icial F          | Form 107                                                                       |                       |                              |                                                                     |                                 | Check if this is a<br>amended filing    |  |  |
| Sta     | iteme            | nt of Financi                                                                  | al Affairs            | for Individua                | ls Filing for Bankı                                                 | ruptcy                          | 12/1                                    |  |  |
|         |                  |                                                                                |                       |                              | r, both are equally responsible for pages, write your name and case |                                 |                                         |  |  |
| Part    |                  | •                                                                              |                       | and Where You Live           |                                                                     | (,                              | , , , , , , , , , , , , , , , , , , , , |  |  |
| 1.      |                  | your current marital sta                                                       |                       |                              |                                                                     |                                 |                                         |  |  |
|         | _                | rried                                                                          |                       |                              |                                                                     |                                 |                                         |  |  |
|         | ✓ Not            | married                                                                        |                       |                              |                                                                     |                                 |                                         |  |  |
| 2.      | During t         | uring the last 3 years, have you lived anywhere other than where you live now? |                       |                              |                                                                     |                                 |                                         |  |  |
|         | ✓ No             | List all of the places you li                                                  | yed in the last 3 yes | ars. Do not include where yo | u live now                                                          |                                 |                                         |  |  |
|         |                  | . List all of the places you if                                                | ved in the last 5 yea | iis. Do not include where yo | d live flow.                                                        |                                 |                                         |  |  |
|         | Deb              | otor 1:                                                                        |                       | Dates Debtor 1 lived there   | Debtor 2:                                                           |                                 | es Debtor 2 lived                       |  |  |
|         |                  |                                                                                |                       | there                        |                                                                     | thei                            |                                         |  |  |
|         |                  |                                                                                |                       | mere                         | Same as Debtor 1                                                    | the                             |                                         |  |  |
|         | Num              | nber Street                                                                    |                       | - From                       |                                                                     |                                 | re                                      |  |  |
|         | Num              | nber Street                                                                    |                       |                              | Same as Debtor 1  Number Street                                     |                                 | re<br>Same as Debtor 1                  |  |  |
|         |                  |                                                                                | Zip Code              | - From                       | Number Street                                                       | Fror To                         | re<br>Same as Debtor 1                  |  |  |
|         | Num              |                                                                                | Zip Code              | - From                       |                                                                     | From                            | re<br>Same as Debtor 1                  |  |  |
|         | City             | State                                                                          | Zip Code              | - From<br>_ To               | Number Street  City State  Same as Debtor 1                         | From To  Zip Code               | Same as Debtor 1  m  Same as Debtor 1   |  |  |
|         | City             |                                                                                | Zip Code              | - From                       | Number Street  City State                                           | Fror To                         | Same as Debtor 1  m Same as Debtor 1    |  |  |
|         | City             | State  State                                                                   | Zip Code              | - From                       | Number Street  City State  Same as Debtor 1                         | From To  Zip Code  From From To | Same as Debtor 1  m  Same as Debtor 1   |  |  |

Debtor 1 Andre Case 16-12845
First Name Doc 1

Filed 04/415/416 Entered 04/415/416 (144):02:07 Desc Main Documentum Page 37 of 67 Part 2: Explain the Sources of Your Income

| 4. | Did you have any income from employment Fill in the total amount of income you received fractivities. If you are filing a joint case and you have the last of the | rom all jobs and all businesses                                      | , including part-time                                                     |                                                        |                                                                           |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Debtor 1                                                             |                                                                           | Debtor 2                                               |                                                                           |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sources of income<br>Check all that apply.                           | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)                     |
|    | From January 1 of current year until the date you filed for bankruptcy:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Wages, commissions, bonuses, tips Operating a business               | \$3376.43                                                                 | Wages, commissions, bonuses, tips Operating a business |                                                                           |
|    | For last calendar year: (January 1 to December 31, 2015)  YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ✓ Wages, commissions, bonuses, tips  Operating a business            | \$8000.00                                                                 | Wages, commissions, bonuses, tips Operating a business |                                                                           |
|    | For the calendar year before that: (January 1 to December 31,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Wages, commissions, bonuses, tips Operating a business               | \$8000.00                                                                 | Wages, commissions, bonuses, tips Operating a business |                                                                           |
|    | Include income regardless of whether that income benefit payments; pensions; rental income; interest and you have income that you received together,  List each source and the gross income from each  No  Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | est; dividends; money collected<br>list it only once under Debtor 1. | from lawsuits; royalties; and                                             | gambling and lottery winnings.                         |                                                                           |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Debtor 1                                                             |                                                                           | Debtor 2                                               |                                                                           |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sources of income<br>Describe below.                                 | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below.                   | Gross income from<br>each source<br>(before deductions and<br>exclusions) |
|    | From January 1 of current year until the date you filed for bankruptcy:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                           |                                                        |                                                                           |
|    | For last calendar year: (January 1 to December 31,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                           |                                                        |                                                                           |
|    | For the calendar year before that: (January 1 to December 31,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                           |                                                        |                                                                           |

Debtor 1 Andre Case 16-12845 Doc 1 Filed 04/115/1156 Entered 04/115/1166 (iled 14/115/1156) Document Page 38 of 67

List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or City State Zip Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code

Part 3:

Other

Doc 1 Filed 04M15/436 Entered 04/415/436 Addi 02:07 Desc Main Debtor 1 Document Page 39 of 67 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Debtor 1 Andre Case 16-12845
First Name Filed 04/11/5/136 Entered 04/11/5/136 (14/13/02:07 Desc Main Doc 1

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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

| _   | vo                                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |            |          |                        |
|-----|----------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------|----------|------------------------|
| ] \ | Yes. Fill in the details.                                                  |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |            |          |                        |
|     | 0 "                                                                        |        | Nature of the case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Court or a                                                                                              | gency      |          | Status of the case     |
|     | Case title                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | On al Nicos                                                                                             | _          |          | Pending                |
|     | Case number                                                                |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Court Name                                                                                              | е          |          | On appeal              |
|     | Case Humber                                                                |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Number Sti                                                                                              | reet       |          | Concluded              |
|     |                                                                            |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City                                                                                                    | State      | Zip Code | _                      |
|     | Case title                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |            |          | Pending                |
|     |                                                                            |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Court Name                                                                                              | е          |          | On appeal              |
|     | Case number                                                                |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Number Str                                                                                              | reet       |          | Concluded              |
|     |                                                                            | _      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City                                                                                                    | State      | Zip Code | _                      |
|     | No. Go to line 11. Yes. Fill in the information l                          | pelow. | Describe the pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | operty                                                                                                  |            | Date     | Value of the           |
|     | Yes. Fill in the information I                                             | pelow. | Describe the pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | roperty                                                                                                 |            | Date     | Value of the property  |
|     |                                                                            | pelow. | Describe the process of the process |                                                                                                         |            | Date     |                        |
|     | Yes. Fill in the information I                                             | pelow. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |            | Date     |                        |
|     | Yes. Fill in the information I                                             | pelow. | Explain what ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | appened s repossessed.                                                                                  |            | Date     |                        |
|     | Yes. Fill in the information I                                             | pelow. | Explain what ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | appened s repossessed. s foreclosed.                                                                    |            | Date     |                        |
|     | Yes. Fill in the information I                                             |        | Explain what ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | appened s repossessed.                                                                                  | or levied. | Date     |                        |
|     | Yes. Fill in the information I                                             |        | Explain what ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | appened s repossessed. s foreclosed. s garnished. s attached, seized, o                                 | or levied. | Date     |                        |
|     | Yes. Fill in the information I                                             |        | Explain what ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | appened s repossessed. s foreclosed. s garnished. s attached, seized, o                                 | or levied. |          | Property  Value of the |
|     | Yes. Fill in the information I  Creditor's Name  Number Street  City State |        | Explain what ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | appened s repossessed. s foreclosed. s garnished. s attached, seized, or                                | or levied. |          | Property  Value of the |
|     | Yes. Fill in the information I  Creditor's Name  Number Street  City State |        | Explain what ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | appened s repossessed. s foreclosed. s garnished. s attached, seized, or                                | or levied. |          | Property  Value of the |
|     | Creditor's Name  Number Street  City State  Creditor's Name                |        | Explain what hat hat hat hat hat hat hat hat hat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | appened s repossessed. s foreclosed. s garnished. s attached, seized, or operty  appened s repossessed. | or levied. |          | Property  Value of the |
|     | Creditor's Name  Number Street  City State  Creditor's Name                |        | Explain what hat hat hat hat hat hat hat hat hat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | appened s repossessed. s foreclosed. s garnished. s attached, seized, oroperty                          | or levied. |          | Property  Value of the |

| Deb  | tor 1    | Andre Case 16-12845<br>First Name                                        |              | <u>d 04/415/466 Entered</u> 04/415/416 /141:02<br>cumetht <sup>ree</sup> Page 41 of 67 | : <u>07 Desc</u>         | <u>Main</u>              |
|------|----------|--------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 11.  |          | nin 90 days before you filed for<br>ounts or refuse to make a payn<br>No |              | creditor, including a bank or financial institution, set o                             | off any amounts fr       | om your                  |
|      | Ħ        | Yes. Fill in the details.                                                |              |                                                                                        |                          |                          |
|      | _        |                                                                          |              | Describe the action the creditor took                                                  | Date action was taken    | Amount                   |
|      |          | Creditor's Name                                                          |              |                                                                                        |                          |                          |
|      |          | Number Street                                                            |              |                                                                                        |                          |                          |
|      |          |                                                                          |              | Last 4 digits of account number: XXXX-                                                 |                          |                          |
|      |          | City State                                                               | Zip Code     |                                                                                        |                          |                          |
| 12.  |          | iin 1 year before you filed for b<br>iver, a custodian, or another o     |              | your property in the possession of an assignee for the                                 | ne benefit of credi      | itors, a court-appointed |
|      |          | No<br>Yes                                                                |              |                                                                                        |                          |                          |
| Part | 5:       | List Certain Gifts and Co                                                | ontributions |                                                                                        |                          |                          |
| 13.  |          |                                                                          |              | give any gifts with a total value of more than \$600 per                               | person?                  |                          |
|      | <b>✓</b> | No<br>Yes. Fill in the details for each of                               | aift         |                                                                                        |                          |                          |
|      |          | Gifts with a total value of mor                                          | _            | Describe the gifts                                                                     | Dates you gave the gifts | Value                    |
|      |          | Person to Whom You Gave the G                                            | Gift         |                                                                                        |                          |                          |
|      |          |                                                                          |              |                                                                                        |                          |                          |
|      |          | Number Street                                                            |              |                                                                                        |                          |                          |
|      |          | City State Person's relationship to you                                  | Zip Code     |                                                                                        |                          |                          |
|      |          | December 18th and No. On a flact                                         | 276          |                                                                                        |                          |                          |
|      |          | Person to Whom You Gave the C                                            |              |                                                                                        |                          |                          |
|      |          | Number Street                                                            |              |                                                                                        |                          |                          |
|      |          | City State                                                               | Zip Code     |                                                                                        |                          |                          |
|      |          | Person's relationship to you                                             |              |                                                                                        |                          |                          |
|      |          |                                                                          |              |                                                                                        |                          |                          |

|      |          | FIRST Name                                           | Iviladie Name Do         | ocument Page 42 of 67                                                                                                  |                                         |                        |
|------|----------|------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|
| 14.  | With     | nin 2 years before you filed for l                   |                          | give any gifts or contributions with a total value of mor                                                              | e than \$600 to an                      | y charity?             |
|      | <b>✓</b> | No<br>Yes. Fill in the details for each gif          | t or contribution.       |                                                                                                                        |                                         |                        |
|      |          | Gifts with a total value of more per person          |                          | Describe the gifts                                                                                                     | Dates you gave the gifts                | Value                  |
|      |          | Charity's Name                                       |                          |                                                                                                                        |                                         |                        |
|      |          |                                                      |                          |                                                                                                                        |                                         |                        |
|      |          | Number Street                                        |                          |                                                                                                                        |                                         |                        |
|      |          | City State                                           | Zip Code                 |                                                                                                                        |                                         |                        |
| Part |          | List Certain Losses                                  |                          |                                                                                                                        | of these sine athe                      | r diagratur av         |
| 15.  |          | in 1 year before you filed for babling?              | ankruptcy or since yo    | ou filed for bankruptcy, did you lose anything because                                                                 | or theft, fire, othe                    | r disaster, or         |
|      |          | No<br>Yes. Fill in the details.                      |                          |                                                                                                                        |                                         |                        |
|      |          | Describe the property you lost how the loss occurred | and                      | Describe any insurance coverage for the loss                                                                           | Date of your loss                       | Value of property lost |
|      |          | now the loss cootained                               |                          | Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property.</i> | 1000                                    |                        |
|      |          |                                                      |                          |                                                                                                                        |                                         |                        |
| Part | 7:       | List Certain Payments or                             | Transfers                |                                                                                                                        |                                         |                        |
| 16.  | seek     | ing bankruptcy or preparing a                        | bankruptcy petition?     |                                                                                                                        |                                         | ne you consulted about |
|      |          | de any attorneys, bankruptcy petiti<br>No            | ion preparers, or credit | counseling agencies for services required in your bankrupto                                                            | ;y.                                     |                        |
|      |          | Yes. Fill in the details.                            |                          |                                                                                                                        |                                         |                        |
|      |          |                                                      |                          | Description and value of any property transferred                                                                      | Date payment<br>or transfer<br>was made | Amount of payment      |
|      |          | Placek, Elizebeth                                    |                          | \$350.00                                                                                                               | 1/18/2016                               | \$350.00               |
|      |          | Person Who Was Paid                                  |                          | \$350.00                                                                                                               | 4/12/2016                               | \$350.00               |
|      |          | Number Street                                        |                          |                                                                                                                        |                                         |                        |
|      |          | City State                                           | Zip Code                 |                                                                                                                        |                                         |                        |
|      |          | Email or website address                             | <u> </u>                 |                                                                                                                        |                                         |                        |
|      |          | Person Who Made the Payment,                         | if Not You               |                                                                                                                        |                                         |                        |
|      |          | Person Who Was Paid                                  |                          |                                                                                                                        |                                         |                        |
|      |          | Number Street                                        |                          |                                                                                                                        |                                         |                        |
|      |          |                                                      |                          |                                                                                                                        |                                         |                        |
|      |          | City State                                           | Zip Code                 |                                                                                                                        |                                         |                        |
|      |          | Email or website address                             |                          |                                                                                                                        |                                         |                        |
|      |          | Person Who Made the Payment,                         | if Not You               |                                                                                                                        |                                         |                        |

Debtor 1 Andre Case 16-12845 Doc 1 Filed 04/M15/As6 Entered 04/41/5/As6 Akabi 02:07 Desc Main

| Deb | tor 1          | Andre Case 16-12845 First Name                                                                                                                                            |                                              | d 04/11/5/11:6<br>ocumethtme     | <u>Entered</u> 04/15<br>Page 43 of 67 | <b>/11.6</b> /11.11.i02: | 07 Desc                                 | <u>Main</u> |                        |
|-----|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------|---------------------------------------|--------------------------|-----------------------------------------|-------------|------------------------|
| 17. | you            | nin 1 year before you filed for ba<br>deal with your creditors or to ma<br>ot include any payment or transfer t                                                           | ake payments to you                          | r creditors?                     | ng on your behalf pay o               | r transfer any p         | property to anyor                       | ne who p    | promised to help       |
|     |                | No<br>Yes. Fill in the details.                                                                                                                                           |                                              |                                  |                                       |                          |                                         |             |                        |
|     |                |                                                                                                                                                                           |                                              | Description and                  | l value of any property               | transferred              | Date payment<br>or transfer<br>was made | Amour       | nt of payment          |
|     |                | Person Who Was Paid                                                                                                                                                       |                                              |                                  |                                       |                          |                                         |             |                        |
|     |                | Number Street                                                                                                                                                             |                                              |                                  |                                       |                          |                                         |             |                        |
|     |                | City State                                                                                                                                                                | Zip Code                                     |                                  |                                       |                          |                                         |             |                        |
| 18. | Inclu<br>trans | nin 2 years before you filed for be nary course of your business or de both outright transfers and transfers that you have already listed on No Yes. Fill in the details. | financial affairs?<br>sfers made as security |                                  |                                       |                          |                                         | -           |                        |
|     | Ц              | res. I ill ill the details.                                                                                                                                               |                                              | Description and property transfe |                                       |                          | property or paymets but paid in exch    |             | Date transfer was made |
|     |                | Person Who Received Transfer                                                                                                                                              |                                              |                                  |                                       |                          |                                         |             |                        |
|     |                | Number Street                                                                                                                                                             |                                              |                                  |                                       |                          |                                         |             |                        |
|     |                | City State Person's relationship to you                                                                                                                                   | Zip Code                                     |                                  |                                       |                          |                                         |             |                        |
|     |                | Person Who Received Transfer                                                                                                                                              |                                              |                                  |                                       |                          |                                         |             |                        |
|     |                | Number Street                                                                                                                                                             |                                              |                                  |                                       |                          |                                         |             |                        |
|     |                | City State<br>Person's relationship to you                                                                                                                                | Zip Code                                     |                                  |                                       |                          |                                         |             |                        |
| 19. | (The           | nin 10 years before you filed for see are often called asset-protection                                                                                                   |                                              | transfer any prop                | erty to a self-settled tru            | st or similar de         | vice of which yo                        | u are a k   | peneficiary?           |
|     |                | Yes. Fill in the details.                                                                                                                                                 |                                              | Description and                  | d value of the property               | transferred              |                                         |             | Date transfer was made |
|     |                | Name of trust                                                                                                                                                             |                                              |                                  |                                       |                          |                                         |             |                        |
|     |                |                                                                                                                                                                           |                                              |                                  |                                       |                          |                                         |             |                        |

| Debtor 1 | Andre Case 16-12845        | Doc 1        | Filed 04/1/15/13/6 | Entered @4/41/5/166/18/16/02:07 | Desc Main |
|----------|----------------------------|--------------|--------------------|---------------------------------|-----------|
|          | First Name                 | Middle Name  | Documetht end      | Page 44 of 67                   |           |
| Part 8:  | List Certain Financial Acc | counts, Inst | truments, Safe Dep | osit Boxes, and Storage Units   |           |

|     | or tra   | ansferred?                                                         | market, or other financ | any financial accounts or instantial accounts; certificates of depose. |                 |                              |                                                               |                                               |
|-----|----------|--------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------|-----------------|------------------------------|---------------------------------------------------------------|-----------------------------------------------|
|     |          | No<br>Yes. Fill in the details.                                    |                         |                                                                        |                 |                              |                                                               |                                               |
|     |          |                                                                    |                         | Last 4 digits of account number                                        | Type of instrun | account or<br>nent           | Date account<br>was closed,<br>sold, moved,<br>or transferred | Last balance<br>before closing<br>or transfer |
|     |          | Person Who Was Paid                                                |                         | — XXXX-                                                                | _               | ecking<br><i>v</i> ings      |                                                               |                                               |
|     |          | Number Street                                                      |                         | <del>-</del>                                                           |                 | ney market<br>okerage<br>ner |                                                               |                                               |
|     |          | City State                                                         | Zip Code                | <u> </u>                                                               |                 |                              |                                                               |                                               |
|     |          | Person Who Was Paid                                                |                         | — XXXX-                                                                |                 | ecking<br>vings              |                                                               |                                               |
|     |          | Number Street                                                      |                         | <u> </u>                                                               | Bro             | ney market<br>kerage         |                                                               |                                               |
|     |          | City State                                                         | Zip Code                | <u> </u>                                                               | Oth             | ner                          |                                                               |                                               |
| 21. | valua    | ou now have, or did you hables?<br>No<br>Yes. Fill in the details. | ave within 1 year befo  | ore you filed for bankruptcy, a                                        | ny safe deposi  | t box or other depositor     |                                                               | cash, or other  Do you still have it?         |
|     |          | Name of Financial Institution                                      |                         | Name                                                                   |                 |                              |                                                               | □ No                                          |
|     |          | Number Street                                                      |                         | Number Street                                                          |                 |                              |                                                               | Yes                                           |
|     |          |                                                                    |                         | City State                                                             | Zip Code        |                              |                                                               |                                               |
|     |          | City State                                                         | Zip Code                | ·                                                                      | ·               |                              |                                                               |                                               |
| 22. | <b>V</b> | e you stored property in a so<br>No<br>Yes. Fill in the details.   | storage unit or place   | other than your home within                                            | 1 year before y | ou filed for bankruptcy      | ?                                                             |                                               |
|     |          |                                                                    |                         | Who else had access to it?                                             |                 | Describe the contents        | S                                                             | Do you still have it?                         |
|     |          | Name of Storage Facility                                           |                         | Name                                                                   |                 |                              |                                                               | ☐ No ☐ Yes                                    |
|     |          | Number Street                                                      |                         | Number Street                                                          |                 |                              |                                                               |                                               |
|     |          |                                                                    |                         | City State                                                             | Zip Code        |                              |                                                               |                                               |
|     |          | City State                                                         | Zip Code                |                                                                        |                 |                              |                                                               |                                               |

| Deb  |          | First Name Middle Name                                                                                           | Docum <del>'ë</del>       | hit <sup>me</sup> Paq | ntered 04/1<br>ge 45 of 67 | ர <b>5√1⊾6</b>                             | n                |
|------|----------|------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|----------------------------|--------------------------------------------|------------------|
| Part | 9:       | dentify Property You Hold or Contro                                                                              | I for Someo               | ne Else               |                            |                                            |                  |
| 23.  | Do y     | ou hold or control any property that someone                                                                     | e else owns? In           | clude any pro         | perty you borro            | owed from, are storing for, or hold in tru | ıst for someone. |
|      |          | No                                                                                                               |                           |                       |                            |                                            |                  |
|      | Ш        | Yes. Fill in the details.                                                                                        | Where is the              | property?             |                            | Describe the contents                      | Value            |
|      |          |                                                                                                                  | Where is the              | property.             |                            | Describe the contents                      | Value            |
|      |          | Owner's Name                                                                                                     | Number Stree              | et                    |                            | _                                          |                  |
|      |          | Number Street                                                                                                    |                           |                       |                            | _                                          |                  |
|      |          |                                                                                                                  | _                         |                       |                            | _                                          |                  |
|      |          |                                                                                                                  | City                      | State                 | Zip Code                   |                                            |                  |
|      |          | City State Zip Code                                                                                              | _                         |                       |                            |                                            |                  |
| Par  | 10:      | Give Details About Environmental In                                                                              | formation                 |                       |                            |                                            |                  |
| For  | the p    | urpose of Part 10, the following definitions apply:                                                              |                           |                       |                            |                                            |                  |
|      | ■ E      | nvironmental law means any federal, state, or loca                                                               | I statute or regula       | ation concernir       | ng pollution, conta        | mination, releases of                      |                  |
|      | ha       | azardous or toxic substances, wastes, or material in                                                             | nto the air, land,        | soil, surface wa      | ater, groundwater          |                                            |                  |
|      |          | cluding statutes or regulations controlling the clear                                                            |                           |                       |                            | en e   |                  |
|      |          | ite means any location, facility, or property as define<br>used to own, operate, or utilize it, including dispo- |                           | ironmentai iaw,       | wnetner you now            | own, operate, or utilize it                |                  |
|      | ■ H      | azardous material means anything an environment                                                                  | tal law defines as        | a hazardous v         | aste, hazardous            | substance,                                 |                  |
|      | to       | xic substance, hazardous material, pollutant, conta                                                              | aminant, or simila        | ar term.              |                            |                                            |                  |
| Rep  | oort al  | notices, releases, and proceedings that you know                                                                 | about, regardles          | ss of when they       | occurred.                  |                                            |                  |
| 24   | Hae      | any governmental unit notified you that you r                                                                    | mav he liahle or          | notentially li        | able under or in           | violation of an environmental law?         |                  |
|      | _        |                                                                                                                  | nay bo nable of           | potorition, ii        |                            | violation of all official officers         |                  |
|      | H        | No<br>Yes. Fill in the details.                                                                                  |                           |                       |                            |                                            |                  |
|      | _        |                                                                                                                  | Government                | tal unit              |                            | Environmental law, if you know it          | Date of notice   |
|      |          | Name of site                                                                                                     | 0                         | 1                     |                            | _                                          |                  |
|      |          | Name of site                                                                                                     | Governmental              | unit                  |                            | _                                          |                  |
|      |          | Number Street                                                                                                    | Number Stree              | et                    |                            |                                            |                  |
|      |          |                                                                                                                  | City                      | State                 | Zip Code                   | _                                          |                  |
|      |          |                                                                                                                  | _                         |                       | ,                          |                                            |                  |
|      |          | City State Zip Code                                                                                              |                           |                       |                            |                                            |                  |
| 25.  | Have     | e you notified any governmental unit of any re                                                                   | elease of hazard          | dous material         | ?                          |                                            |                  |
|      | <b>✓</b> | No                                                                                                               |                           |                       |                            |                                            |                  |
|      |          | Yes. Fill in the details.                                                                                        |                           |                       |                            |                                            |                  |
|      |          |                                                                                                                  | Government                | tal unit              |                            |                                            |                  |
|      |          |                                                                                                                  | 0010                      |                       |                            | Environmental law, if you know it          | Date of notice   |
|      |          | Name of site                                                                                                     | Governmenta               | l unit                |                            | Environmental law, if you know it          | Date of notice   |
|      |          |                                                                                                                  | Governmental              |                       |                            | Environmental law, if you know it          | Date of notice   |
|      |          | Name of site  Number Street                                                                                      | _                         |                       |                            | Environmental law, if you know it          | Date of notice   |
|      |          |                                                                                                                  | Governmental              |                       | Zip Code                   | Environmental law, if you know it          | Date of notice   |
|      |          |                                                                                                                  | Governmental Number Stree | et                    | Zip Code                   | Environmental law, if you know it          | Date of notice   |

| Debtor  | 1    | Andre Case 16-12845<br>First Name                               | Doc 1 F            |                            | <u>Entered</u> 04/15<br>Page 46 of 67 | 1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 ( | Desc Main                                                 |
|---------|------|-----------------------------------------------------------------|--------------------|----------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 26. H   | av   | e you been a party in any judic                                 | ial or administrat | ive proceeding under       | any environmental law                 | ? Include settlements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and orders.                                               |
| Ē       | 7    | No<br>Yes. Fill in the details.                                 |                    |                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|         | _    | tes. Fill III the details.                                      |                    | Court or agency            |                                       | Nature of the case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Status of the                                             |
|         |      | Case title                                                      |                    |                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | case                                                      |
|         |      |                                                                 |                    | Court Name                 |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pending                                                   |
|         |      | Case number                                                     |                    | Number Street              | -                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | On appeal                                                 |
|         |      | - Case                                                          |                    | City State                 | e Zip Code                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Concluded                                                 |
| Port 11 |      | Give Details About Your                                         | Rusiness or (      |                            | ·                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|         |      |                                                                 |                    |                            |                                       | ing connections to an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | w husiness?                                               |
| 27. W   | /itr | nin 4 years before you filed for                                |                    |                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y business?                                               |
|         |      | A sole proprietor or self-emp  A member of a limited liabilit   |                    |                            | •                                     | -time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |
|         |      | A partner in a partnership                                      |                    |                            | ,                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|         |      | An officer, director, or managed An owner of at least 5% of the | _                  |                            | nn                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|         | 7    | No. None of the above applies. Go                               |                    | securites of a corporation | , i                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
| Ė       | j    | Yes. Check all that apply above a                               |                    | below for each business    | i.                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|         |      |                                                                 |                    | Describe the na            | ture of the business                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | entification number Do not all Security number or ITIN.   |
|         |      | Duainean Nama                                                   |                    |                            |                                       | EIN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                         |
|         |      | Business Name                                                   |                    |                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|         |      | Number Street                                                   |                    | Name of accour             | ntant or bookkeeper                   | Dates busine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ess existed                                               |
|         |      | City State                                                      | Zip Code           |                            |                                       | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | To                                                        |
|         |      |                                                                 |                    |                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|         |      |                                                                 |                    | Describe the na            | ture of the business                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | entification number Do not<br>al Security number or ITIN. |
|         |      | Business Name                                                   |                    |                            |                                       | EIN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |
|         |      | Number Street                                                   |                    | Name of accour             | ntant or bookkeeper                   | Dates busine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ess existed                                               |
|         |      | City State                                                      | Zip Code           |                            | ·                                     | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | То                                                        |
|         |      |                                                                 |                    |                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|         |      |                                                                 |                    | Describe the na            | ture of the business                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | entification number Do not ial Security number or ITIN.   |
|         |      |                                                                 |                    |                            |                                       | EIN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                         |
|         |      | Business Name                                                   |                    |                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|         |      | Number Street                                                   |                    | Name of accour             | ntant or bookkeeper                   | Dates busine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ess existed                                               |
|         |      | City State                                                      | Zip Code           | _                          |                                       | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | To                                                        |
|         |      |                                                                 |                    |                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|         |      |                                                                 |                    |                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |

| Debto      |                                                                 | <u>d 04/41/5/436 Entered </u> 04/41/5/1166/1143-i02: <u>07 Desc Main</u><br>ocumetht Page 47 of 67                                                                                                                                                            |
|------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                                                                 | give a financial statement to anyone about your business? Include all financial institutions,                                                                                                                                                                 |
| [ <u>-</u> | No Yes. Fill in the details below.                              |                                                                                                                                                                                                                                                               |
|            | _                                                               | Date issued                                                                                                                                                                                                                                                   |
|            | Name                                                            | MM/DD/YYYY                                                                                                                                                                                                                                                    |
|            | Number Street                                                   | <u>-</u>                                                                                                                                                                                                                                                      |
|            | City State Zip Code                                             | -                                                                                                                                                                                                                                                             |
| Part 1     | 2: Sign Below                                                   |                                                                                                                                                                                                                                                               |
| an         | nd correct. I understand that making a false statement, or      | ffairs and any attachments, and I declare under penalty of perjury that the answers are true concealing property, or obtaining money or property by fraud in connection with a visonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|            | Signature of Debtor 1                                           | Signature of Debtor 2                                                                                                                                                                                                                                         |
|            | Date 4/15/2016                                                  | Date                                                                                                                                                                                                                                                          |
| Di         | d you attach additional pages to Your Statement of Final No Yes | nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?                                                                                                                                                                                    |
| Di         | d you pay or agree to pay someone who is not an attorr          | ney to help you fill out bankruptcy forms?                                                                                                                                                                                                                    |
| ~          | No                                                              |                                                                                                                                                                                                                                                               |
|            | Yes. Name of person                                             | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).                                                                                                                                                            |

B 203 (12/94)

In

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#### **UNITED STATES BANKRUPTCY COURT**

#### **Northern District of Illinois**

| re | Andre Williams                                                                                                                                                                                       | Case No.                              |                                |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------|
| _  | Debtor                                                                                                                                                                                               |                                       | (If known)                     |
|    |                                                                                                                                                                                                      | Chapter                               | Chapter 13                     |
|    | DISCLOSURE OF COMPENSATION                                                                                                                                                                           | N OF ATTORNEY FO                      | R DEBTOR                       |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I ce compensation paid to me within one year before the filing of the rendered or to be rendered on behalf of the debtor(s) in contempts. | e petition in bankruptcy, or agreed t | to be paid to me, for services |
|    | For legal services, I have agreed to accept                                                                                                                                                          |                                       | \$4,000.0                      |
|    | Prior to the filing of this statement I have received                                                                                                                                                |                                       | \$350.0                        |
|    | Balance Due                                                                                                                                                                                          |                                       | \$3,650.0                      |
| 2. | The source of the compensation paid to me was:                                                                                                                                                       |                                       |                                |
|    | Debtor Other (specify)                                                                                                                                                                               |                                       |                                |
| 3. | The source of the compensation paid to me is:                                                                                                                                                        |                                       |                                |
|    | Debtor Other (specify)                                                                                                                                                                               |                                       |                                |
| 4. | I have not agreed to share the above-disclosed compensation members and associates of my law firm.                                                                                                   | ion with any other person unless th   | ey are                         |
|    | I have agreed to share the above-disclosed compensation we members or associates of my law firm. A copy of the agree the people sharing in the compensation, is attached.                            |                                       |                                |
| 5. | In return for the above-disclosed fee, I have agreed to render le<br>a. Analysis of the debtor's financial situation, and rendering<br>bankruptcy;                                                   | •                                     |                                |
|    | b. Preparation and filing of any petition, schedules, stateme                                                                                                                                        | ents of affairs and plan which may    | be required;                   |
|    | c. Representation of the debtor at the meeting of creditors                                                                                                                                          | and confirmation hearing, and any     | adjourned hearings thereof;    |

d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

| CERTIFICATION                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------|
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of |

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6. By agreement with the debtor(s), the above-disclosed lee does not include the following services:

| I certify that the foregoing is a complete stathe debtor(s) in this bankruptcy proceedings. | atement of any agreement or arrangement for payment to me for representation of |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4/15/2016                                                                                   | /s/ Elizebeth Placek                                                            |
| Date                                                                                        | Signature of Attorney                                                           |
|                                                                                             | Semrad Law Firm                                                                 |
| <del></del>                                                                                 | Name of law firm                                                                |

Document

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B 203 (12/94)

### UNITED STATES BANKRUPTCY COURT

#### Northern District of Illinois

| re_             | Andre Williams                                                                                                                                                                                                                               | Case No.                                                                                   |                             |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|
|                 | Debtor                                                                                                                                                                                                                                       | Chapter                                                                                    | (lf known) Chapter 13       |
|                 | DISCLOSURE OF COMPENSATION                                                                                                                                                                                                                   | I OF ATTORNEY FOR D                                                                        | ERTOR                       |
| 4.              | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attraction year before the filing of the petition in bankruptcy, or agreed to be paid to me, for se in connection with the bankruptcy case is as follows: |                                                                                            |                             |
|                 | For legal services, I have agreed to accept                                                                                                                                                                                                  |                                                                                            | \$4.000 o                   |
|                 | Prior to the filing of this statement I have received                                                                                                                                                                                        |                                                                                            | \$4,000.0                   |
|                 | Balance Due                                                                                                                                                                                                                                  |                                                                                            | \$350.0                     |
| 2.              | The source of the compensation paid to me was:  Other (specify)                                                                                                                                                                              |                                                                                            | \$3,650.0                   |
| 3.              | The source of the compensation paid to me is:  Other (specify)                                                                                                                                                                               |                                                                                            |                             |
| 4.              | I have not agreed to share the above-disclosed compensation with any other permembers and associates of my law firm.                                                                                                                         | erson unless they are                                                                      |                             |
|                 | I have agreed to share the above-disclosed compensation with a other person of members or associates of my law firm. A copy of the agreement, together with a the people sharing in the compensation, is attached.                           | or persons who are not<br>a list of the names of                                           |                             |
| 5.              | In return for the above-disclosed fee, I have agreed to render legal service for all aspa. Analysis of the debtor's financial situation, and rendering advice to the debtor.                                                                 | pects of the bankruptcy case, including:<br>or in determining whether to file a petition i | n bankruptcy;               |
|                 | b. Preparation and filing of any petition, schedules, statements of affairs and p                                                                                                                                                            |                                                                                            |                             |
|                 | c. Representation of the debtor at the meeting of creditors and confirmation he                                                                                                                                                              | earing, and any adjourned hearings thereo                                                  | f:                          |
|                 | d. Representation of the debtor in adversary proceedings and other contested                                                                                                                                                                 |                                                                                            | ,                           |
| 6.              | By agreement with the debtor(s), the above-disclosed fee does not include the follow                                                                                                                                                         |                                                                                            |                             |
|                 |                                                                                                                                                                                                                                              |                                                                                            |                             |
|                 | CERTIFICATIO                                                                                                                                                                                                                                 | DN                                                                                         |                             |
| l co<br>ocee    | ertify that the foregoing is a complete statement of any agreement or arrangement for<br>dings.                                                                                                                                              | payment to me for representation of the d                                                  | ebtor(s) in this bankruptcy |
| <del>** *</del> | 4/12/2016                                                                                                                                                                                                                                    | /s/ Mike Miller                                                                            |                             |
|                 | Date                                                                                                                                                                                                                                         | Signature of Attorney                                                                      |                             |
|                 |                                                                                                                                                                                                                                              | Semrad Law Firm                                                                            |                             |
|                 |                                                                                                                                                                                                                                              | Name of law firm                                                                           |                             |

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 350.00 toward the flat fee, leaving a balance due of \$ 3650.00 ; and \$ 72.00 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 4/12/2016 |                            |
|-----------------|----------------------------|
| Signed:         |                            |
| WHITE HILLIAMS  |                            |
| Andre Williams  | Maria                      |
| Debtor(s)       | Attorney for the Debtox(s) |

Do not sign this agreement if the amounts are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### Chapter 7: Liquidation

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

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- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

Entered 04/15/16 11:02:07 Desc Main Page 58 of 67 your income is more than the median income for

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$310 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$235 | filing fee         |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# Case 16-12845 Doc 1 Filed 04/15/16 Entered 04/15/16 11:02:07 Desc Main UNITED STATES BANKBURTCY COURT Northern District of Illinois

| In re: | Williams, Andre                                | Case No                               |                                        |                    |
|--------|------------------------------------------------|---------------------------------------|----------------------------------------|--------------------|
|        | Debtor(s)                                      |                                       |                                        |                    |
|        |                                                | Chapter.                              | Chapter13                              |                    |
|        | VERIFICATION                                   | ON OF CREDITOR MATE                   | IX                                     |                    |
|        | The above named Debtors hereby verify that the | attached list of creditors is true an | d correct to the best of their knowled | f their knowledge. |
|        |                                                |                                       |                                        |                    |
| Date:  | 4/15/2016                                      | /s/ Williams, Andre                   |                                        | _                  |

Signature of Debtor

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Chrysler Capital P.O. Box 961275 Fort Worth , TX 76161

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

SW CRDT SYS 2629 DICKERSON PK CARROLLTON , TX 75007

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602

Arnold Scott Harris PC 111 W Jackson # 600 Chicago , IL 60604

CHASE BANK USA, NA PO Box 15298 Wilmington , DE 19850 Case 16-12845 Doc 1 Filed 04/15/16 Entered 04/15/16 11:02:07 Desc Main Document Page 63 of 67

| First Name                                                                                                                                                                                                | Middle Name                                                                                                                                                                                                                                                                                                                  | Williams<br>Last Name                                                                                                                                                    | Case number (if known                                                                                                                                                               | "                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 2কারে Answer These Q                                                                                                                                                                                      | uestions for Reporting Purp                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                          |                                                                                                                                                                                     |                                                                                                             |
| 16. What kind of debts<br>do you have?                                                                                                                                                                    | 16a. Are your debts prima                                                                                                                                                                                                                                                                                                    | rily consumer debts? vidual primarily for a pe rily business debts? I                                                                                                    | ersonal, family, or h<br>Business debts are<br>through the operat                                                                                                                   | debts that you incurred to ion of the business or                                                           |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ☐ No.  If Yes.                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          | ny exempt property is ex<br>ed creditors?                                                                                                                                           | rcluded and administrative expenses are                                                                     |
| 18. How many creditors<br>do you estimate that<br>you owe?                                                                                                                                                | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999                                                                                                                                                                                                                                                                                  | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,00                                                                                                                        | 0                                                                                                                                                                                   | 25,001-50,000<br>50,001-100,000<br>More than 100,000                                                        |
| 19. How much do you estimate your assets to be worth?                                                                                                                                                     | ☑ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million                                                                                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                                                     | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 0. How much do you estimate your liabilities to be?                                                                                                                                                       | ☑ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million                                                                                                                                                                                                                                   | \$1,000,001-8<br>\$10,000,001-<br>\$50,000,001-<br>\$100,000,000                                                                                                         | -\$50 million<br>-\$100 million                                                                                                                                                     | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Pant A Sign Below                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                          |                                                                                                                                                                                     |                                                                                                             |
| For you                                                                                                                                                                                                   | If I have chosen to file under or 13 of title 11, United States proceed under Chapter 7.  If no attorney represents me a fill out this document, I have of I request relief in accordance I understand making a false st connection with a bankruptcy or both. 18 U.S.C. §§ 152, 134  // // // // // // // // // // // // // | Chapter 7, I am aware code. I understand the and I did not pay or agree btained and read the n with the chapter of title tatement, concealing prease can result in fines | that I may proceed e relief available under the pay someone office required by 11. United States Corporty, or obtaining up to \$250,000, or Signature of Designature of Designature | Code, specified in this petition.  g money or property by fraud in r imprisonment for up to 20 years,       |
|                                                                                                                                                                                                           | Executed on4/12/2016                                                                                                                                                                                                                                                                                                         | D/YYYY                                                                                                                                                                   | Executed on                                                                                                                                                                         | MAA / DD / NOVY                                                                                             |

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|                                                   | 0000 10 1204                | Docu                                   | iment Page 6                               | 64 of 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Description                                                               |
|---------------------------------------------------|-----------------------------|----------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Fill in this inforn                               | nation to identify your cas | ie:                                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| Deblor 1                                          | Andre                       |                                        | Williams                                   | CONTRACTOR AND ADMINISTRAÇÃO DE CONTRACTOR ADMINISTRAÇÃO D |                                                                           |
| Deblor 2                                          | First Name                  | Middle Name                            | Last Name                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| (Spouse, if filling                               | First Name                  | Middle Name                            | Last Name                                  | White the Advantage of the Control o |                                                                           |
| United States B                                   | ankruptcy Court for the:    | Northern                               | District of Illinois                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| Case number                                       |                             |                                        | (State)                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| (If known)                                        |                             |                                        |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| Official F                                        | orm 106De                   | C                                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Check if this is an amended filing                                        |
|                                                   |                             | –<br>n Individual De                   | htar's Schad                               | ulos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | J                                                                         |
|                                                   |                             | er, both are equally responsi          |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12/15                                                                     |
| property by frau<br>1519, and 3571.<br>Bankk Sign | u in connection with a      | bankruptcy case can result i           | n fines up to \$250,000, o                 | r imprisonment for up to 20 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ng property, or obtaining money or<br>s, or both. 18 U.S.C. §§ 152, 1341, |
|                                                   |                             | one who is NOT an attorney             | to help you fill out banks                 | ruptcy forms?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |
| ✓ No                                              |                             | ·                                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| Yes. N                                            | lame of person              |                                        | Attach Bankruptcy<br>Signature (Official I | Petition Preparer's Notice, Declara<br>Form 119).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tion, and                                                                 |
|                                                   |                             |                                        |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
|                                                   |                             |                                        |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| Under pen                                         | alty of perjury, I declare  | that I have read the summar            | y and schedules filed wi                   | ith this declaration and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |
| that they a                                       | re true and correct.        | T. Illillaton                          |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| ✗ Isl Andre \                                     | Milliams $1/IIII$ .         | 1 11 111111111111111111111111111111111 | Y Y                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |

Signature of Debtor 2

MM/DD/YYYY

Date

Signature of Debtor 1

MM/DD/YYYY

Date 4/12/2016

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| DEBICE                   |                            |                                                                                           |                                                                         |                                        |                                                    |                                                                                                                                                                                               |
|--------------------------|----------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor f                 | First Name                 |                                                                                           |                                                                         |                                        | Williams                                           | Case number (if known)                                                                                                                                                                        |
|                          | I not statue               |                                                                                           |                                                                         | Middle Name                            | Last Name                                          |                                                                                                                                                                                               |
| 28. With cree            | hin 2 year<br>litors, or a | s before yo<br>other partie                                                               | ou filed for l<br>es.                                                   | bankruptcy, did yc                     | ou give a financial staten                         | nent to anyone about your business? Include all financial institutions,                                                                                                                       |
| П                        | Yes, Fili in               | the details                                                                               | below.                                                                  |                                        |                                                    |                                                                                                                                                                                               |
| frant                    |                            |                                                                                           | 20,011.                                                                 |                                        |                                                    |                                                                                                                                                                                               |
|                          |                            |                                                                                           |                                                                         |                                        | Date issued                                        |                                                                                                                                                                                               |
|                          | Name                       |                                                                                           |                                                                         |                                        | MM/DD/YYYY                                         |                                                                                                                                                                                               |
|                          |                            |                                                                                           |                                                                         |                                        | 141141121271 1 1 1                                 |                                                                                                                                                                                               |
|                          | Number                     | Street                                                                                    |                                                                         | ······································ | <del>~</del> .                                     |                                                                                                                                                                                               |
|                          | , turingoi                 | Oncor                                                                                     |                                                                         | •                                      |                                                    |                                                                                                                                                                                               |
|                          |                            |                                                                                           |                                                                         |                                        |                                                    |                                                                                                                                                                                               |
|                          | City                       |                                                                                           | State                                                                   | Zip Code                               |                                                    |                                                                                                                                                                                               |
| Part 12:                 | Sign Be                    | · law                                                                                     |                                                                         |                                        |                                                    |                                                                                                                                                                                               |
|                          | read the                   |                                                                                           | n thic State                                                            |                                        |                                                    |                                                                                                                                                                                               |
| I have                   |                            | answers or<br>nderstand<br>e can resul                                                    | It in fines up                                                          |                                        |                                                    | nents, and I declare under penalty of perjury that the answers are true or obtaining money or property by fraud in connection with a lyears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| I have                   | uptcy cas                  | answers or<br>nderstand<br>e can resul                                                    | lt in fines up                                                          |                                        |                                                    | or obtaining money or property by fraud in connection with a lyears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.                                                                         |
| I have                   | uptcy cas                  | answers or<br>nderstand<br>e can resul<br>                                                | It in fines up<br>dre Williams<br>of Debtor 1                           |                                        |                                                    | years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.                                                                                                                                       |
| I have                   | uptcy cas                  | answers or<br>nderstand<br>e can resul                                                    | It in fines up<br>dre Williams<br>of Debtor 1                           |                                        |                                                    | years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2                                                                                                                |
| I have<br>and c<br>bankr | uptcy cas                  | answers or<br>nderstand<br>e can resul<br>/s/ An<br>Signature                             | It in fines up<br>dre Williams<br>of Debtor 1<br>12/2016                | o to \$250,000, or in                  | mprisonment for up to 20                           | Signature of Debtor 2  Date                                                                                                                                                                   |
| I have and c bankr       | uptcy cas                  | answers or<br>nderstand<br>e can resul<br>/s/ An<br>Signature                             | It in fines up<br>dre Williams<br>of Debtor 1<br>12/2016                | o to \$250,000, or in                  | mprisonment for up to 20                           | years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2                                                                                                                |
| I have and c bankr       | uptcy cas  L  ou attach a  | answers or<br>nderstand<br>e can resul<br>/s/ An<br>Signature                             | It in fines up<br>dre Williams<br>of Debtor 1<br>12/2016                | o to \$250,000, or in                  | mprisonment for up to 20                           | Signature of Debtor 2  Date                                                                                                                                                                   |
| I have and c bankr       | uptcy cas  L  ou attach a  | answers or<br>nderstand<br>e can resul<br>/s/ An<br>Signature                             | It in fines up<br>dre Williams<br>of Debtor 1<br>12/2016                | o to \$250,000, or in                  | mprisonment for up to 20                           | Signature of Debtor 2  Date                                                                                                                                                                   |
| I have and c bankr       | uptcy cas  bu attach a     | answers or<br>nderstand<br>e can resul<br>/s/ An<br>Signature<br>Date 4/1                 | It in fines up<br>dre Williams<br>of Debtor 1<br>12/2016<br>pages to Yo | o to \$250,000, or in                  | in conceaning property, on prisonment for up to 20 | Signature of Debtor 2 Date  Priduals Filing for Bankruptcy (Official Form 107)?                                                                                                               |
| I have and c bankr       | bu attach a                | answers or<br>nderstand<br>e can resul<br>/s/ An<br>Signature<br>Date 4/1                 | It in fines up<br>dre Williams<br>of Debtor 1<br>12/2016<br>pages to Yo | o to \$250,000, or in                  | mprisonment for up to 20                           | Signature of Debtor 2 Date  Priduals Filing for Bankruptcy (Official Form 107)?                                                                                                               |
| I have and c bankr       | ou attach a                | answers or<br>nderstand<br>e can resul<br>/s/ An<br>Signature<br>Date 4/1<br>additional p | It in fines up<br>dre Williams<br>of Debtor 1<br>12/2016<br>pages to Yo | o to \$250,000, or in                  | in conceaning property, on prisonment for up to 20 | Signature of Debtor 2 Date  Priduals Filing for Bankruptcy (Official Form 107)?                                                                                                               |
| I have and c bankr       | bu attach a                | answers or<br>nderstand<br>e can resul<br>/s/ An<br>Signature<br>Date 4/1<br>additional p | It in fines up<br>dre Williams<br>of Debtor 1<br>12/2016<br>pages to Yo | o to \$250,000, or in                  | in conceaning property, on prisonment for up to 20 | Signature of Debtor 2 Date  Priduals Filing for Bankruptcy (Official Form 107)?                                                                                                               |

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#### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Williams, Andre  Debtor(s)                 | Case No                                                     | Case No                 |  |  |
|--------|--------------------------------------------|-------------------------------------------------------------|-------------------------|--|--|
|        |                                            | Chapter. Chapter                                            | 3                       |  |  |
|        | VERIFICA                                   | ATION OF CREDITOR MATRIX                                    |                         |  |  |
|        | The above named Debtors hereby verify that | t the attached list of creditors is true and correct to the | est of their knowledge. |  |  |
| Date:  | 4/12/2016                                  | /s/ Williams, Andre Williams, Andre Signature of Debtor     | Hatter .                |  |  |

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| Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           | Andro                                                                                                                                                                                                                                                                                                               | Docum                                            |                                  | Page 07                          | 01 07                                                                |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------|----------------------------------|----------------------------------------------------------------------|--------------------|
| <i>-</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0.01                                                                                                                                                                                                                                                                      | First Name Middle Nam                                                                                                                                                                                                                                                                                               | 9                                                | Williams<br>Last Name            |                                  | Case number (if known)                                               |                    |
| 16.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Cal                                                                                                                                                                                                                                                                       | culate the median family income that app                                                                                                                                                                                                                                                                            |                                                  |                                  | ····                             |                                                                      | ·                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | Fill in the state in which you live.                                                                                                                                                                                                                                                                                |                                                  | iois                             | <b>3.</b>                        |                                                                      |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | Fill in the number of people in your househ                                                                                                                                                                                                                                                                         |                                                  |                                  |                                  |                                                                      |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16c.                                                                                                                                                                                                                                                                      | Fill in the median family income for your sta                                                                                                                                                                                                                                                                       | fe and size of hous                              | ehold                            |                                  |                                                                      | \$40,000,00        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | To find a list of applicable median income a<br>also be available at the bankruptcy clerk's of                                                                                                                                                                                                                      | mounts, ao online                                | using the fir                    | k specified in th                | e separate instructions for this form. This list r                   | \$49,682.00<br>nay |
| 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Hov                                                                                                                                                                                                                                                                       | do the lines compare?                                                                                                                                                                                                                                                                                               |                                                  |                                  |                                  |                                                                      |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17a.                                                                                                                                                                                                                                                                      | Line 15b is less than or equal to line 16 <i>U.S.C.</i> § 1325(b)(3). <b>Go to Part 3.</b> Do                                                                                                                                                                                                                       | c. On the top of pa<br>NOT fill out <i>Calcu</i> | ge 1 of this f<br>llation of Dis | orm, check box<br>posable Income | 1, Disposable income is not determined under (Official Form 122C-2). | 11                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17b.                                                                                                                                                                                                                                                                      | 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. |                                                  |                                  |                                  |                                                                      |                    |
| ž                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (3) (                                                                                                                                                                                                                                                                     | Calculate Your Commitment Perio                                                                                                                                                                                                                                                                                     | d Under 11 U.                                    | S.C. §13                         | 25(b)(4)                         |                                                                      |                    |
| 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Cop                                                                                                                                                                                                                                                                       | y your total average monthly income fror                                                                                                                                                                                                                                                                            | n line 11.                                       |                                  |                                  |                                                                      | \$957,45           |
| 19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. |                                                                                                                                                                                                                                                                                                                     |                                                  |                                  |                                  |                                                                      | 9007.40            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19a.                                                                                                                                                                                                                                                                      | If the marital adjustment does not apply, fill in                                                                                                                                                                                                                                                                   | 0 on line 19a.                                   |                                  |                                  | ,•                                                                   | -\$0.00            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19b.                                                                                                                                                                                                                                                                      | Subtract line 19a from line 18.                                                                                                                                                                                                                                                                                     |                                                  |                                  |                                  |                                                                      | \$957.45           |
| 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Calc                                                                                                                                                                                                                                                                      | ulate your current monthly income for the                                                                                                                                                                                                                                                                           | year. Follow thes                                | e steps:                         |                                  |                                                                      |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20a.                                                                                                                                                                                                                                                                      | Copy line 19b.                                                                                                                                                                                                                                                                                                      |                                                  |                                  |                                  |                                                                      | \$957.45           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | Multiply by 12 (the number of months in a ye                                                                                                                                                                                                                                                                        | ar).                                             |                                  |                                  |                                                                      | x 12               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20b.                                                                                                                                                                                                                                                                      | The result is your current monthly income for                                                                                                                                                                                                                                                                       | r the year for this pa                           | art of the for                   | m.                               |                                                                      | \$11,489.40        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20c.                                                                                                                                                                                                                                                                      | Copy the median family income for your state                                                                                                                                                                                                                                                                        | and size of house                                | hold from lin                    | e 16c.                           |                                                                      | \$49,682.00        |
| 21.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                           | ow do the lines compare?                                                                                                                                                                                                                                                                                            |                                                  |                                  |                                  |                                                                      |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | b<br>T                                                                                                                                                                                                                                                                    | ine 20b is less than line 20c. Unless otherwis<br>eriod is 3 years. Go to Part 4.                                                                                                                                                                                                                                   | e ordered by the co                              | ourt, on the t                   | op of page 1 of t                | his form, check box 3, The commitment                                |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | ine 20b is more than or equal to line 20c. Unloommitment period is 5 years. Go to Part 4.                                                                                                                                                                                                                           | ess otherwise orde                               | red by the o                     | ourt, on the top o               | of page 1 of this form, check box 4, The                             |                    |
| ari:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4 Si                                                                                                                                                                                                                                                                      | ign Below                                                                                                                                                                                                                                                                                                           |                                                  |                                  |                                  |                                                                      |                    |
| By signing here I declare under penalty of popular that the information of the informatio |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                     |                                                  |                                  |                                  |                                                                      |                    |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                     |                                                  |                                  |                                  |                                                                      |                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | Signature of Debtor 1                                                                                                                                                                                                                                                                                               |                                                  |                                  | Signature of I                   | Debtor 2                                                             |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | Date 4/12/2016                                                                                                                                                                                                                                                                                                      | •                                                |                                  | Date                             | •                                                                    |                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | you checked 17a, do NOT fill out or file Form                                                                                                                                                                                                                                                                       |                                                  | In line 30 of                    | that form annual                 |                                                                      |                    |